

Outcome S1: Children are first and foremost, protected from abuse and neglect.

GOAL: Nebraska will increase the percentage of cases that are determined to be in substantial conformity with the Federal Outcome SI: Children are first and foremost protected from abuse and neglect. Progress in obtaining the overall goal will be evaluated through established measures and progress made in the items associated with this outcome.

Item1. Timeliness of initiating initial assessments of reports of child maltreatment

Goal Negotiated Measure: % of Improvement: Nebraska will improve response times to initiating initial assessments of reports of child maltreatment. By 1/1/05 from 42% to 55% and from 1/1/05 to 07/01/05 to improve response rates to 58%. Percentage of improvement renegotiated.

Baseline: 42% established during the 2002 CFSR.

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact ¹	Benchmarks	Date Projected	Date Actual	Progress Report
1.1 Strengthen policy and practice related to the intake process to include:	Todd Reckling		1. Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03	07/03	.
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			2. Initiate pilot of new policy in the Eastern Service Area to assess practice issues related the new policy.	07/03	07/03	
			3. Evaluate results of the pilot and make adjustments to policy and training as needed	09/03	09/03	
			4. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	10/03	Pilot training 07/03 and statewide 10/03	
			5. Train worker and supervisory staff statewide on written policy. Managers and supervisors will conduct initial training.	11/03	11/03	
			6. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	
			7. Written policy disseminated through desk aids and training expectations.	10/04	10/04	5th Quarter: Request to change this benchmark to allow for the policy to be issued through desk aids and training expectations. Policy for intake was issued and Intake Workers, Supervisors and Initial Assessment Supervisors

¹ . References cited correspond to the action steps from the original PIP.

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						were trained in October 2004. Intake Workers, Supervisors and Initial Assessment Workers received copies of desk aids that contained the intake expectations. ACF office gave approval to request.
			8. Policy implemented statewide.	10/04	10/04	<p>5th Quarter: The policy has been developed and refined. Staff was trained in October 2004 and the new intake system has been implemented statewide. Refer to 1.1.5 and 1.1.6.</p> <p>6th Quarter: The Department has been working with Girls and Boys Town regarding their National hotline. Girls and Boys Town National Hotline has an excellent reputation and provides Hotline services for a variety of groups including the Suicide Prevention Network, and after hour coverage for a New York City Hotline (among others). G&BT provides their own staff with a CD of their calls and their staff fills out an evaluation on calls while the supervisor fills out an evaluation on the same calls. They are scored and the supervisor and worker meet to compare scores and work on improvements.</p> <p>The Department is using a 2 track approach to making improvements. The first track involves the more immediate things. These include issues like obtaining the scheduling software that G&BT uses, gaining access to a Resource Directory that 3 G&BT staff maintains</p> <p>Omaha and Lincoln are looking at getting an Automated Call Distributor (ACD) system through Alltel. This is an “interim” fix or solution. It will have a much greater capacity for electronically directing calls as we want them to be directed, <u>and</u> it will provide us with a vastly improved reporting system on the calls we take and make. However, our own Communications folks tell us that the only way that we will ever “get our hands around our system,” or in control is to have our own ACD system and this is a related cost issue.</p>

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1.2 Enhance the N-FOCUS system to provide an accurate intake date	Todd Reckling	Item 1. Timeliness of initiating initial assessments (1.2)	1. System Investigation Request to require the actual intake receive date to be entered into N-FOCUS and eliminate the default feature is reviewed and approved	07/03	12/02	.
			2. Change to current system code is made	07/03	02/03	
			3. Code testing is completed and system is stable	07/03	02/03	
			4. Release notes explaining the change and current requirements is posted in Lotus Notes for workers	07/03	02/03	
1.3 Implement specialized intake staffing structure to receive reports of abuse and neglect and to determine acceptance for assessment to ensure that comprehensive assessments are consistently accepted and assigned in a timely manner	Todd Reckling	Item 1. Timeliness of initiating initial assessments (1.4)	1. Conduct workload analysis to determine number of staff needed to implement specialized intake staffing.	03/03	03/03	
			2. Identify and assign specialized staff for pilot site for receiving reports of abuse / neglect and determining acceptance for comprehensive assessment	07/03	07/03	
			3. Identify and assign specialized staff statewide for receiving reports of abuse / neglect and determining acceptance for comprehensive assessment	09/03	09/03	
			4. Identify and secure necessary phone equipment	07/03	12/03	

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			5. Training developed in collaboration with HHS Training, CCFL and NRCs.	11/03	Pilot training 07/03 and statewide 10/03	
			6. Train specialized intake staff on written policy. Training to be conducted by managers and supervisors.	11/03	11/03	
			7. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	
			8. Implement staffing changes	11/03	11/03	
1.4 Develop and implement methods for measuring compliance with intake policy 1.1.	Terri Farrell	Item 1. Timeliness of initiating initial assessments (1.5, 1.6, 1.8); Item 2. Repeat maltreatment . (2.2)	1. Policy developed and implemented in pilot site to require supervisor decision to accept the intake for comprehensive assessment.	07/03	07/03	
			2. Develop methods of measurement on initiating comprehensive assessments in the pilot sites, assignment of reports, new reports, and determining repeat maltreatment.	07/03	08/02	
			3. Revise data reports from N-FOCUS that assist supervisors and managers in tracking the initiation of comprehensive assessments, new reports and repeat maltreatment.	07/03	08/02	
			4. Policy implemented statewide to require supervisory approval of all intakes.	11/04	11/04	5th Quarter: The functionality in N-FOCUS for supervisors to approve intakes was available for use in November 2004. Supervisors began using the “Approve Intake” button in November 2004.

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			5. Provide supervisors and managers with copies of reports on a monthly basis	12/03 and ongoing	08/02	
			6. On a quarterly basis, conduct case reviews on a sample of cases to determine if cases were defined as a new report correctly and if recurrent maltreatment results from the same circumstances or new circumstances. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety.	03/04	4/05	<p>5th Quarter: The continued progress on this benchmark will be incorporated into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.</p> <p>6th Quarter: We have decided not to incorporate this benchmark into the NE CFSR as this review would focus on our on-going cases. We have developed a QA tool for intake reads only. Our first read with this tool will occur the week of April, 12, 2005. The read will be conducted in the 6 intake sites across the state and will review approximately 100 cases. It is anticipated to conduct an intake read every 6 to 8 months.</p> <p>7th Quarter: The intake read did occur the week of April 12, 2005. Data was extracted from over 12,000 cases from N-FOCUS. Approximately 850 case reads occurred. The department is working in collaboration with CCFL to conduct the analysis of the data. This report is currently being developed.</p>
			7. Develop and implement standardized supervisor oversight process to monitor compliance with initiating comprehensive assessments in a timely manner.	07/04	06/04	

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			8. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	01/04 and ongoing	2/04	.
			9. Measurement of progress will be through N-FOCUS reports: 45 % of comprehensive assessments will be initiated within required timeframes.	08/04	08/04	<p>5th Quarter: November's data will be available after the 15th of December.</p> <p>September: Priority 1: 55.3% Priority 2: 58.8% Priority 3: 53.6%</p> <p>October: Priority 1: 65.3% Priority 2: 64.6% Priority 3: 27.4%</p>

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			10. 55% of comprehensive assessments will be initiated within required timeframes.	01/05	01/05	<p>5th Quarter: Percentage of increase renegotiated from 65% to 55%.</p> <p>6th Quarter:</p> <p>November: Priority 1: 68.4% Priority 2: 68.1 % Priority 3: 60.9%</p> <p>December: Priority 1: 74.4% Priority 2: 71.3% Priority 3: 69.9%</p> <p>January: Priority 1: 75.4% Priority 2: 69.9% Priority 3: 63.0%</p>
			11. 58% of comprehensive assessments will be initiated within required timeframes.	07/05	5/05	<p>5th Quarter: Percentage of increase renegotiated from 85% to 58%</p> <p>7th Quarter: 3rd qtr data (Jan-Mar 05) Priority 1: 73.6% Priority 2: 73.3% Priority 3: 69.7%</p> <p>4th Qtr data (April – June 05) Priority 1: 84% Priority 2: 72.4% Priority 3: 73%</p>

Item 2. Repeat maltreatment

Goal Negotiated Measure: % of Improvement: By 7-1-05 the incidence of repeat maltreatment will be maintained at 6% or below. **PASSED**

Baseline: (NCANDS data indicates incidence rates were: 1999 at 4.58%; 2000 at 7.57%; and 2001 at 5.5%). **2002 Data: 4.7%, 2003 Data: 7.1%**

Method of Measuring Improvement: NCANDS report analysis

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<p>2.1 Strengthen policy and practice on the use of comprehensive assessment:</p> <ul style="list-style-type: none"> throughout the life of a case including risk and safety issues. for children who have experienced maltreatment by an out of home care provider including required follow-up actions to ensure timely service provision during the comprehensive assessment to assure quality and timely assessments that address children's critical relationships and connections; to assess the needs of the entire family. 	Suzanne Schied	<p><i>Item 2.</i> Repeat Maltreatment. (2.1., 2.3., 2.4.) S2 Children Maintained Safely at Home 3.1., 3.4.);</p> <p><i>Item 14</i> Preserving Connections (14.2);</p> <p><i>Item 15</i> Relative Placement;</p> <p>Item 17, Needs and services of child, parents, and foster parents. (17.1.)</p>	1. Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	02/05	2/05	<p>5th Quarter: Request extension to 2/05. Focus this quarter was completing the intake and specialized training and more time is needed to complete the development of the comprehensive assessment policy.</p> <p>6th Quarter: For the past several months we have been gathering additional risk and safety assessment tools from other states to see how they compare with the current C.A.R.F. risk tool that has been used in Nebraska for many years. We have been looking at C.A.R.F. as well as other instruments to determine which instruments have proven validity and reliability measures. We have been working with Heidi Henricks and Jeff Bormaster from the Child Welfare League of America, and a local consultant to assist us in comparing instruments across the states. We have requested additional research papers to help resolve the differing opinions among the professionals that we have consulted. At this time, we are waiting for additional materials from CWLA. We have also been in contact with the National Resource Center for Child Protective Services, in particular Wayne Holder. We have also consulted with American Humane. As part of this process of examining risk and safety tools used across the United States, the CWLA has determined through their research that there are only a few tools that have been empirically validated. Because of the need to further explore and discuss with states the issue of valid and reliable risk and safety instruments, CWLA will put the issue of safety and risk tools on their agenda for their conference being held June 09-10 in Utah. They are inviting states to come and discuss risk and safety instruments, as well as levels of care instruments. Nebraska wants to assure it is using the "latest and greatest tools" when assessing risk and safety. We will continue to work with the professionals in the field of child maltreatment to assist us in reviewing instruments for risk and safety.</p> <p>As part of our Performance Accountability Plan that was</p>

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						<p>rolled out in June 2004, we introduced to the administrators and supervisors a response priority system for completion of initial assessments. Each Service Area then went back and trained their staff. We are now working with a 3-level priority system consisting of priorities 1-3 with priority 1 being the most immediate. Time frames for contact with the victim and family to initiate and complete the assessment were incorporated into the Protection and Safety System. Priority 1 has a response time of 0-24 hours; Priority 2 a response time in 0-5 days; and Priority 3, a response time of 0-10 days. Criteria for the priority levels were also introduced and implemented.</p> <p>Another part of the Performance Accountability Plan was to produce monthly reports available to all staff so they can see how they are meeting the required performance measures for several measurements related to safety and permanency. The performance measures that are being tracked statewide (worker, supervisor, office, service area and state level) include response times for initial contact and assessment with the child and family based upon the given priority level. In addition to time to contact for the assessment, there are measures and reports for the time to complete the assessment and enter it into N-FOCUS; and, time to service provision based upon the needs of the child/family that have been determined to up to that point as part of the assessment.</p> <p>We have also been providing training since the fall of 2004 on Family Centered Practice. We have had Mary Grealish, national expert with family-centered practice from Community Partners, Inc. in Nebraska on several occasions, and have her scheduled already four more times between now and August of 2005. Mary has shared with us some of her safety and assessment tools from a family-centered approach so we are also reviewing these tools. We have trained a core group of staff in "train the trainer" sessions so now approximately 40 staff have been trained as family practice trainers. Training has been delivered to P&S administrators and supervisors. Trainers are now starting to train protective services workers in family centered practice. As part of this training, there is a focus on</p>

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						<p>outcomes and needs assessment so that a strong family plan can be developed that will provide the informal and formal supports and services to keep the child(ren) safe and to assist the family in alleviating the conditions that brought them to the attention of the “system”. This training is being incorporated statewide throughout the Office of Protection and Safety not only with the field staff, but also with staff from the Youth Rehabilitation and Treatment Centers (YRTC’s) as well as the Integrated Care Coordination Units (ICCU’s). We have also done overview training with other HHS staff that supports the work of Protection and Safety such as Legal, Communications, System Advocate, HR, and Adult Protective Services.</p> <p>An Initial Assessment quality assurance review tool is also currently in the process of being drafted. We have most recently been finalizing the Intake case review tool and will start the Intake reads in April of this year. Once we are done with the Intake read, we have been preparing to do an Initial Assessment case review and will conduct this case review in June of this year. Additionally, case reviews continue to occur in the ICCUs and over 1000 cases have been reviewed this past year. These ICCU case reviews incorporate findings related to youth and family participating in the assessment process. We have also been preparing instruments for the NE CFSR review that will mimic the federal CFSR review process. Planning for its implementation has occurred and we have identified that we will review the Western Service Area in September 2005, (most likely the Gering Office) the Central Service Area in October 2005 (most likely the Kearney Office) as well as the largest metropolitan area, Omaha in November 2005. We will then repeat the NE CFSR process the following year in the Omaha area in September 2006, the Northern Service Area in October 2006 and the Southeast Service Area in November 2006. The NE CFSR will capture information related to initial and ongoing assessments.</p> <p>Other work related to assessments has occurred as a special project with the Eastern Service Area. The Eastern Service Area accounts for nearly 40% of the assigned assessments statewide. We committed two staff 9July 2004 to current)</p>

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						<p>from the Central Office to assist the Eastern Service Area in reviewing their operations related to the intake and initial assessment processes. Additionally an Administrator from the Southeast Service Area was temporarily reassigned in 2004 to the Omaha Office until June 15, 2005 to assist them in addressing their intake and initial assessment management. The two staff from the Central Office has been helping to review the practices with the Administrative, Supervisory and some of the front line protection and safety workers to determine their work flows, data management reports, and overall processes. Staff also assisted in the development of a daily management information system to help staff track progress on assigned assessments and accurately count the work and determine where in the assessment process the case is. The system as been piloted in Omaha and Lincoln and will be available to the other service areas. Staff also conducted research to find information from other states on “differential response” and multiple track systems for assessments versus investigations. A staff person has also talked with representatives in other states about the advantages and disadvantages with their differential models. At the present time, Omaha is piloting a small project just within their service area with Girls and Boys Town for immediate service provision and crisis intervention on situations needing more of a services response versus a safety response</p> <p>We also implemented in November 2004, a tracking and reporting requirement for all child deaths and critical incidents to come into the Central Office immediately. The Central Office has been developing a critical incident review tool to assist in understanding these events related to safety and risk and how these factors were identified as part of current, or past assessments if the child or family had been known to HHS previously. We are currently working with legal on this critical review process and have consulted with the Attorney General’s Office.</p> <p>We have also been looking at the current regulations, procedures, and practices related to out-of-home assessments. We have gathered and reviewed the</p>

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						<p>regulations at the YRTC's and other 24-hour facilities and have identified staff to be involved in an improvement process. We have identified some of the particular areas that need improvement. We have gathered information from other states on how they process out-of-home assessments, and we have gathered and reviewed some other models for out-of-home assessments. . We are also looking at the out of home assessment process and coordination with other parts of our system such as with Medicaid, Magellan, licensing, childcare, etc. We have been reviewing these situations individually as they arise, but we will be having more in-depth discussions to determine a more integrated and coordinated "system" response. We will be working on out-of-home assessments over the months of April, May, and June.</p> <p>We have a training plan in the design phase for additional training related to safety and risk factors. We will be conducting advanced training for initial assessment staff in April-June 2005 to enhance their knowledge, skills and ability related to identifying, intervening and monitoring safety and risk as part of their assessment for child maltreatment and risk of harm. The training will have a special focus on the topics of substance abuse (methamphetamines), domestic violence, and mental health issues within the family unit and how these factors create additional issues to be addressed in assessing safety, risk and child maltreatment. The training will be provided to workers, supervisors and administrators. We will also offer this training in a slightly different form to Intake workers and On-going workers with it specifically tailored to their functions and responsibilities with children, youth and families.</p> <p>We are also working on Administrative Memos that will emphasize and reinforce regulations and rules related to best practices for conducting assessments. We have identified specific areas that will be emphasized or highlighted for improvement such as the following: protocols for interviewing individuals during the investigative/assessment phase; Medically Handicapped Infant cases; requirements for assessing risk and safety throughout a case from first</p>

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						<p>contact to discharge; assessing the needs of the entire family; and assessing the child's connections with others such as relatives. An additional memo related to the CAPTA requirements for referrals to the Early Childhood Education Program was also released in January 2005.</p> <p>We have also been working hard to figure out how to manage our work related to assessments. In 2002, we assigned 7200 Intake reports for assessment statewide, in 2003 there were 9296 assigned, and in 2004, we had a significant increase to 13,376 per our interim data. This is an increase of approximately 47% from 2003 to 2004. We have had significant, heightened attention to child maltreatment issues as a result of the Governor's Children's Task Force back in the fall of 2003, and the implementation of recommended changes through LB 1089 in 2004-2006.</p> <p>We have also been working during this legislative session to cleanup the issue related to assessments with the finding of "Inconclusive". For approximately the past three years, attempts have been made to change the term inconclusive to department substantiated. Finally, this year we have Senator Stuthman who has introduced a bill on behalf of HHS that would clean up and clear up the confusion related to this terminology. Although a minor point to some, this issue has been significantly complex for the public and others to understand as they try to navigate the central register expungement process. This bill is now a speaker's priority bill (LB 218) and we are anxiously waiting to find out if it makes it into law.</p> <p>7th Quarter: We have continued our work to strengthen policy and practice related to comprehensive assessments using several different strategies. First of all, we continue to utilize the resources available to us through CWLA. Additional information was received from CWLA related to the work they have been doing with the states of Pennsylvania and Washington regarding assessments. We now have several models that have been recommended and are in the process of doing some final comparisons between these models and the model we are currently using.</p>

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						<p>As mentioned in the 6th Quarterly report, our Performance Accountability Plan that was rolled out in June 2004, provides monthly reports to all staff throughout Protection and Safety related to measures such as time to first contact for initial assessment, time to document the information on our N-FOCUS system, and time to service provision. These reports are used for meetings between the workers and supervisors, and supervisors and administrators to measure progress, and make any individual staff or system improvements necessary.</p> <p>Family Centered Practice (FCP) training continued to move forward this quarter and definitely will have a major impact on strengthening the concept of comprehensive assessments. All administrators and supervisors have been trained and almost all of the workers have now been trained statewide. A strong component of the family centered practice training relates to the comprehensive needs assessment and staff are being provided information related to conducting assessments based on the following values, beliefs and principles whether a child or youth remains in-home or out-of-home: outcome focused, strengths based, individualized, culturally competent, needs driven, family/person driven, team developed, community based, normalized, unconditional, flexible and compassionate. Needs are discussed in relation to identifying individual and family needs and continually assessing and reassessing needs from the first contact our system has with the individual/family continuing throughout the entire time we have the opportunity to work with the family. Safety and risk are continually assessed in relation to outcomes, needs and strategies to guide in decision making. Safety is seen as a "bottom line" that cannot be compromised. We continue to build internal capacity to train on family centered practice and now have over 38 trainers that are training in their local area. The Youth Rehabilitation and Treatment Centers have also been a part of this family centered practice training. Family Centered Practice Training also covers the team building process so that all appropriate informal and formal supports are a part of the family team meetings. Through the family team meetings, the child's critical relationships and connections with immediate and extended family, as</p>

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						<p>well as community, and other formal and informal supports are maintained and involved as much as possible. The importance of immediately identifying and putting into action the necessary informal supports such as involving the non-custodial parent, or aunt/uncle, grandparents, family friends, and community supports as well as the more formal services such as safety interventions, intensive family preservation, counseling or family support is an important component being taught within the FCP training curriculum.</p> <p>In addition to on-going workers being trained on assessments through FCP training, we are also having a consultant review our new Protection and Safety Worker training curriculum to make sure the initial training for workers strongly addresses the importance of timely and quality identification of outcomes, needs, safety issues, and strategies related to the individual child, as well as the entire family.</p> <p>We have also been completing work on our quality assurance Initial Assessment review tool that will be used case read. The case read will be occurring next week, starting on June 20. We will be reading a random sampling of approximately 430 assessments. Once the read is over, a report will be submitted in approximately late July to early August with findings and recommendations for improvement. Improvements will be identified and targeted for enhanced outcomes related to assessments.</p> <p>Nebraska's internal CFSR reviews continue to be on target and will occur during the months of September, October and November 2005 and 2006. The identified service areas have been preparing this quarter for the upcoming reviews. The CFSR tool in part addresses safety and assessments so further information about the quality and timeliness of our assessments will be gathered through these review processes and used to improve our state's performance related to comprehensive assessments.</p> <p>We requested technical assistance through our regional office this quarter for the National Resource Center for Child Protective Services to come to Nebraska to assist us</p>

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						<p>in developing safety and risk skill building, competency testing, and training. The resource center was here on June 01. We developed a logic model and a draft work plan that is currently being reviewed for implementation and the addition of targeted time frames for activity completion. Wayne Holder, Clint Holder, and Emily Hutchinson are the consultants working with us. We will be training our administrators first, and then the supervisors and then the workers on safety assessments. The resource center is specifically establishing a curriculum to fit Nebraska's needs so we are looking at completing training probably in August-September of this year.</p> <p>We have a draft of a program memo regarding completion of assessments to be issued to staff that is being reviewed and will be issued in July.</p> <p>We continue to closely monitor the number of Intake Reports accepted for initial assessment. The projected number of assessments/investigations through the first four months of 2005 puts us on target to assign approximately 15, 300 reports this year for assessment. This number has significantly increased over the past 3 years as stated in last quarter's report. In 2003, there were 9296 assigned assessments, in 2004 are interim number of assessments is 13, 676. In addition to the increase in assessments, our system is also experiencing an increase in the total number of state wards. We continue to train the additional new workers from our LB 1089 funding package to get them out into the workforce to assist in intakes, assessments, and ongoing case management responsibilities.</p>
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	11/04	Delete	<p>5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a formal training curriculum was not necessary for any policy directives. Training will be conducted as described in 2.1.3 below. The philosophical emphasis will be done through Family Centered Services.</p>
			3. Train staff by sharing of policy directive through e-mail, policy and	5/05		<p>5th Quarter: Request extension to 3/05 when the policy directive is issued See 2.1.3. Policy directives will be</p>

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			program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.			<p>shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.</p> <p>6th Quarter: Request Extension to 5/05 to follow 2.1.3 ACF office gave approval to request.</p> <p>7th Quarter: Training will occur in 7/05 when the program memo is issued.</p> <p>We are conducting advanced training for initial assessment staff in August - September 2005 to enhance their knowledge, skills and ability related to identifying, intervening and monitoring safety and risk as part of their assessment for child maltreatment and risk of harm. Administers will be trained in July 2005. The training will have a special focus on the topics of substance abuse (methamphetamines), domestic violence, and mental health issues within the family unit and how these factors create additional issues to be addressed in assessing safety, risk and child maltreatment. The training will be provided to workers, supervisors and administrators. We will also offer this training in a slightly different form to Intake workers and On-going workers with it specifically tailored to their functions and responsibilities with children, youth and families.</p> <p>We continue to train the additional new workers from our LB 1089 funding package to get them out into the workforce to assist in intakes, assessments, and ongoing case management responsibilities.</p>
			4. Documentation of policy changes will occur in each supervisor's supervisory notebooks.	5/05		<p>5th Quarter: Documentation of policy changes being shared will occur in each supervisor's supervisory notebook.</p>

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						<p>6th Quarter: Request Extension to 5/05 to follow 2.1.1</p> <p>7th Quarter: The documentation of the training will occur in July 2005 when the program memo is issued.</p>
			5. Written policy disseminated through Administrative Memo	5/05		<p>5th Quarter: Request extension to 3/05 to follow request 2.1.1</p> <p>6th Quarter: Request Extension to 5/05 to follow 2.13 ACF office gave approval to request.</p> <p>7th Quarter: We have a draft of a program memo regarding completion of assessments to be issued to staff that is being reviewed and will be issued in July 2005.</p>
			6. Policy implemented statewide.	5/05		<p>5th Quarter: Request extension to 3/05 to follow request in 2.1.1.</p> <p>6th Quarter: Request Extension to 5/05 to follow 2.1.3 ACF office gave approval to request.</p> <p>7th Quarter: Request extension to 7/05. We have a draft of a program memo regarding completion of assessments to be issued to staff that is being reviewed and will be issued in July.</p>
2.2 Design and implement methods for measuring compliance with comprehensive assessment policy 2.1.	Terri Farrell		1. Determine methods for measurement including the potential use of N-FOCUS and/or case reads.	12/03	12/03	
			2. Develop and implement standardized supervisor oversight process for measuring compliance with assessment including risk and safety policies.	11/04	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised. The Supervisor reviews 100% of cases every 60 days.</p>
			3. Conduct case reviews on a sample of cases to determine the quality and	6/05		<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			timeliness of comprehensive assessments. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols			will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005. 6th Quarter: We have decided not to incorporate this benchmark into the NE CFSR as this review would focus on our on-going cases. We have developed a QA tool for assessment reads only. Our first read with this tool will occur in June 2005. Any changes to policy will be incorporated into the assessment tool.
			4. Provide supervisors and managers with reports based on the method of measurement.	11/04	07/04	5th Quarter: Supervisors, managers and workers receive copies of reports that indicate the timeliness of comprehensive assessments. These reports are included in the performance accountability.
			5. Establish baseline in complying with assessment policies including timely assessments.	11/04		5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR. 6th Quarter: We have decided not to incorporate this benchmark into the NE CFSR as this review would focus on our on-going cases. We have developed a QA tool for assessment reads only. Our first read with this tool will occur in June 2005. Any changes to policy will be incorporated into the assessment tool. Baselines will be established in June 2005.
			6. Establish targeted improvements based on baseline, including timely assessments.	12/04		5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline. 6th Quarter: We have decided not to incorporate this benchmark into the NE CFSR as this review would focus on our on-going cases. We have developed a QA tool for assessment reads only. Our first read with this tool will occur in June 2005. Any changes to policy will be incorporated into the assessment tool. Established targeted improvements will occur in June 2005.
			7. Develop and implement a corrective action plan for areas not	12/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.			Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic. Is it possible to get a copy of the corrective action plan format as well as any directions that may have been developed regarding when it is to be used? At what point do corrective action plans need to be written?

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

GOAL: Nebraska will increase their ability to maintain children safely in their homes whenever possible and appropriate.

Progress in obtaining the overall goal will be evaluated through established measures and progress made in the items associated with this outcome.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
3.1 Use N-FOCUS report that tracks the timeframe between the beginning of comprehensive assessment and the provision of services.	Sherri Haber	S2. Children are safely maintained in their home. (3.2)	1. Provide supervisors and managers with report on monthly basis	07/04	07/04	5th Quarter: We track the time frame from the beginning of the initial assessment. This measurement is part of the Performance Measures reports, which are currently being distributed. We continue to use our current assessment tool, but the requirements of how quickly these are responded to do impact the provision of service.
			2. Establish baseline that tracks the timeframes between the beginning of assessment and the provision of services.	07/04	05/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Establish targeted improvements based on baseline	07/04	05/04	<p>5th Quarter: The percentage of all reports responded to within the established timeframes: 1st Qtr – 55.6% 2nd Qtr – 67.2% These measures were implemented in parts of the state July 2004 and statewide in October 2004. See above 3.1.1.</p> <p>6th Quarter: In January 2005 only, 72% of the reports were responded to in the established timeframes.</p> <p>Based on further review it was discovered that in the 5th quarter we reported data based on response time, not the provision of services. As of June 2004 (one month prior to the implementation of the Performance Measures) we were at 24 % compliance within the established time frames. Our targeted improvement is 35%, by the end of the first year of the Performance Measures. 1st Quarter - 33% 2nd Quarter – 41% 2 months into the 3rd Quarter – 39%</p> <p>7th Quarter: April 2005 is 54%.</p>
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/04 and ongoing	07/04	<p>5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
3.2 Strengthen HHS, law enforcement and county attorney use of the local 1184 teams to address issues of child safety.	Chris Hanus	S2 Children are safely maintained in their own homes. (3.3.)	1. Disseminate 1184 survey conducted by CCFL to Protection and Safety Administrators	07/03	12/03	
			2. Collaborate with Nebraska Children and Families Foundation 1184 teams on strategies to improve communication, to prevent unnecessary removal of children from their homes and guarantee team assessments of safety when necessary.	9/03	9/03	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Communicate with county attorneys regarding the findings of the 1184 evaluation to determine possible local actions to strengthen the 1184 teams.	10/03	12/03	
3.3 Strengthen policy to mandate monthly worker visits at a minimum or more frequently based on identified needs with children, bio-families, and providers to : <ul style="list-style-type: none"> • Ensure the safety , well being and permanency of children; • Assure timely progress towards permanency; • With out of home care providers • Ensure quality of visits. 	Margaret Bitz		1. Policy developed by HHSS.	09/02	08/02	
			2. Training developed by HHS Staff.	09/02	09/02	
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	09/02	09/02	
			4. Written policy disseminated through Administrative Memo.	09/02	09/02	
			5. Policy implemented statewide.	09/02	09/02	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
3.4 Develop and implement methods to monitor visitation policy including quality of visits	Margaret Bitz		1. Develop N-FOCUS reports that assist supervisors and managers in tracking visitation with children and families.	11/02	11/02	
			2. Provide supervisors and managers with report on monthly basis	11/02	11/02	
			3. Develop and implement standardized supervisor oversight process to monitor compliance with worker visits with children and families.	0703	7/03	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Establish baseline and targeted improvements to monitor that workers have monthly contact at a minimum with every child and family.	03/04	2/04	<p>1st Quarter: 03/04 extension requested. QA staff is not yet on board to assist in developing a formal process.</p> <p>2nd Quarter: Baselines were established from existing data. <u>Baselines established from July 2003 data.</u> Visits with Children: 68% Visits with Parents: 36% Visits with Providers: 53%</p> <p><u>Targeted improvements for the next year:</u> Visits with Children: 73% Visits with Parents: 41% Visits with Providers: 58%</p> <p>5th Quarter: Visits with Children: 1st Qtr – 69.8% 2nd Qtr – 67%</p> <p>Visits with Parents: Have met PIP target for both quarters. 1st Qtr – 36.4% 2nd Qtr – 41.8%</p> <p>The 2nd quarter data included Veteran’s Day, Thanksgiving and the Christmas holidays, as well as staff leave, which did impact the outcomes.</p> <p>6th Quarter: Information reported is for January 2005 only. Visits with Children: 65.4% Visits with Parents: 44.1%</p> <p>The measures reported in the 6th quarter were for one month only – that was the reason for lower numbers. We would like to change our targeted improvement for youth to 70%. ACF did not approve this request.</p> <p>7th Quarter: Visits with Children: 3rd qtr (Jan-Mar 05) 67.7% 4th qtr (Apr-May 05) 66.9% Visits with Parents (PIP target continues to be met): 3rd qtr (Jan-Mar 05) 44.5% 4th qtr (Apr-May 05) 42.7%</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing	07/03	.
			6. Conduct case reviews on a sample of cases to determine if visits focus on issues pertinent to case planning, service delivery, goal attainment, and safety. Program staff from the office of protection and safety will conduct case reviews. The sample will represent each Service Area and will be compiled by Operations Team from the Office of Protection and Safety.	07/04	07/04	5th Quarter: Continued progress for this benchmark will be incorporated into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.
3.5. Conduct service array pilot in two areas using National Family Centered Practice model that will identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists.	Sherri Haber		1. Select service array pilot sites	03/04	03/04	
			2. Select staff to conduct service array assessment	03/04	03/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Complete assessment including: community/neighborhood prevention, early intervention services; investigative, assessment functions; home-based interventions/services; out-of-home reunification/permanency services; child welfare system exits/services	09/04	9//04	5th Quarter: The training along with the assessments has been completed.
			4. Finalize and report results that list the gaps or improvements needed for services in that area	2/05	12/04	<p>5th Quarter: Request extension to 2/05. In West Point several of the key people leading this effort have accepted other positions and time is needed for new leadership to be identified.</p> <p>Gering/Scottsbluff continues to work on their plan. They had a meeting on 12/7/04 to begin Resource Development plan development and to start looking at implementation.</p> <p>Preliminary discussions have been held with the Child and Family Foundation (non-profit organization) to see if they may be interested in using this tool and leading this project in additional communities. In the future, it is clear that communities need to take the lead on their community's development plan as they what is their community's best interest</p> <p>6th Quarter: 12/2004 - The Scottsbluff/Gering area has completed and submitted. They are now in the process of developing their plan to fill gaps and improve existing services.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Collaborate with the Child and Family Foundation and communities to continue expansion of this project to fill gaps or improve existing services in the state.	5/05	5/05	<p>6th Quarter: Request extension to 5/05. This extension should have been requested during the 5th quarter to follow #4. We are currently developing the plan to meet this outcome. There is a meeting scheduled early March to begin the development of the plan.</p> <p>The Scottsbluff/Gering area is developing their plan to fill gaps and improve existing services. They are proceeding with the process and utilizing it to meet many needs of the community. Based on the pilot projects HHSS has developed a Partnership with the Child and Family Foundation to take over implementation of this project for other communities across the state. The plan is to modify the process so that community groups may use this to meet requirements of planning and advisory teams for current and future grants, as well as planning and development of community needs. The Child and Family Foundations focus is on community planning, so this is a nice fit and will address the many needs of communities.</p> <p>7th Quarter: Resource development plans have been developed to address the needs and gaps identified during the assessment. They will be prioritized and implemented</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Monitor effectiveness of plan by using multiple QA functions in assessing for gaps in services, and provision of services.	03/05	5/05	<p>6th Quarter: Based on the pilot sites of this project Protection & Safety has made a determination that in order for this to be truly effective the implementation must initially come from the local community and be facilitated by a person within the community who is respected by the many entities involved. The areas found the process to be useful, but also believed that there were some things missing that could be incorporated so that this process is the basis for all current and future 'needs assessments' needed by local groups in the development of services, obtaining grants, dispersing funding within current grants etc. They believe that this could be used for community development. Based on that Protection & Safety has contacted the Nebraska Children and Families Foundation and asked if they would be willing to spearhead the Service Array projects in additional communities. The Foundation has done much community work in the past and we felt that this was a good match. They agreed to take on this process. At this time P&S is working with the Foundation and other stakeholders to develop a framework that is based on a logic model and that utilizes a community development approach to the planning process. Once that framework is in place, it will be implemented.</p> <p>7th Quarter – Continued assessment will be done via the NE CFSR reviews, ICCU QA reviews and other QA activities. Plans are underway to utilize the Service Array process for continued re-assessment of service needs and gaps.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			7. Expand model to remaining service areas	7/05	5/05	<p>6th Quarter: The Scottsbluff/Gering area is developing their plan to fill gaps and improve existing services. They are proceeding with the process and utilizing it to meet many needs of the community. Based on the pilot projects HHSS has developed a Partnership with the Child and Family Foundation to take over implementation of this project for other communities across the state. The plan is to modify the process so that community groups may use this to meet requirements of planning and advisory teams for current and future grants, as well as planning and development of community needs. The Child and Family Foundations focus is on community planning, so this is a nice fit and will address the many needs of communities.</p> <p>7th Quarter – A partnership between HHS and the Children and Families Foundation to expand this process has occurred. The plan is to:</p> <ul style="list-style-type: none"> ◆ Create a single unified community based planning process ◆ Develop a common logic model and application process for funding ◆ Develop common outcome measures and data collection tools ◆ Reduce duplication in technical assistance and conferences while increasing participation ◆ Develop a collective evaluation process that truly measures outcomes and success factors ◆ Identify cost savings at the state and community levels while increasing resources and outcomes ◆ Identify policy and practice issues which, if addressed, can impact improved quality and higher end costs in the systems of care <p>The next steps include:</p> <ol style="list-style-type: none"> 1) <i>Adopt a common process for Prevention and Early Intervention Assessment and Planning</i> in counties/communities: <ol style="list-style-type: none"> a) Utilize the Service Array Assessment format to conduct a single assessment for all prevention and early intervention resources in the community/county. b) Include a specific focus on Risk and Protective Factors which have been commonly identified through SAMHSA (SICA) and Juvenile Justice. c) Include special information and planning needs such as those of Prevent Child Abuse Nebraska. d) Focus on the ongoing development of active, community based coalitions and collaborations. e) Develop a single, unified prevention system three year Logic Model Prevention and Early

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report

Outcome P1: Children have permanency and stability in their living situations.

GOAL: Nebraska will increase children's permanency and stability in their living situations. Progress in obtaining the overall goal will be evaluated through established measures and progress made in the items associated with this outcome.

2nd Quarter: Request extension to 7/04. We have just implemented the new intake procedures statewide in 12/03. Based on the Omaha test site and the increased media attention to child safety (Children's Task Force focusing on child deaths) the number of intakes received has doubled in some areas and those accepted for assessment have also increased. At this time we are trying to address the staff resource issues that this has caused. We only have the same number of staff to work on assessments as we did prior to implementation of the new intake process. In shifting staff resources we have been unable to specifically address permanency and stability of youth in their living situations.

Item 6. Stability of foster care placement

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase the percentage of children with no more than two placements settings from 78.2% to 88.1%.

Baseline: 78.2% established from the FFY 2002 State Data Profile. **FFY 2003: 78.9%, FFY 2004: 79.5%**

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.1. Strengthen matching process of child with placement resources through expedited family group conferencing.	Sherri Haber	Item 6. Stability of foster care placement(6.1) Item 9-Adoption (9.7)	1. Identify current utilization of expedited family group conferencing through review of current contracts and numbers of families served.	3/04	03/04	
			2. Identify targeted increase of expedited family group conferencing to locate family members or natural supports of family for placement opportunities.	3/04	03/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.2. Strengthen matching process of child with placement resources through the use of N-FOCUS.	Margaret Bitz	Item 6. Stability of foster care placement (6.2) Item 9-Adoption (9.7)	1. Require N-FOCUS use of child and provider characteristics fields to activate existing N-FOCUS matching capabilities	03/04	06/04	
			2. Develop an exception report on N-FOCUS that identifies characteristic fields is completed for all children and foster parents.	09/04	5/05	<p>5th Quarter: Through the renegotiation of the PIP, it was agreed that this benchmark is not necessary as this is included in the Foster and Adoptive Parent Retention and Recruitment Plan that was developed in 6.10.</p> <p>6th Quarter: The ACF office did not approve the incorporation of this benchmark into 6.10. A program memo was issued to staff that requires the completion of the characteristics fields for children and foster parents for all new cases beginning 7-1-05 and for existing cases by 12-1-05.</p> <p>7th Quarter: Currently, the supervisory report includes which characteristics have been completed on children allowing them to provide oversight, although the matching function that exists in N-FOCUS will become more useful as the fields are completed. The functionality of being able to match children with foster parents until all the information is being entered, so it cannot be fully realized until 2006. We plan to begin producing matching report in July 2005 so supervisors and workers will be able to compare and see what information is present and missing.</p>
			3. Provide supervisors and managers with copies of reports.	09/04	5/05	<p>5th Quarter: Through the renegotiation of the PIP, it was agreed that this benchmark is not necessary as this is included in the Foster and Adoptive Parent Retention and Recruitment Plan that was developed in 6.10.</p> <p>7th Quarter: Currently, the supervisory report includes which characteristics have been completed on children allowing them to provide oversight, although the matching function that exists in N-FOCUS will become more useful as the fields are completed.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.
6.3. Strengthen policy that defines limited use of emergency shelter placements.	Todd Reckling	Item 6. Stability of foster care placement(6.3)	1. Policy developed by HHSS.	08/01	07/01	
			2. Training developed by HHS Staff.	08/01	08/01	
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	08/01	08/01	
			4. Written policy disseminated through Administrative Memo. Policy implemented statewide.	08/01	08/01	
6.4. Develop and implement methods for measuring compliance with policy regarding emergency shelter care	Todd Reckling	Item 6. Stability of foster care placement(6.4)	1. Develop N-FOCUS report to monitor use of emergency shelters.	04/02	03/02	
			2. Provide supervisors and managers with reports on a monthly basis.	08/03	03/02	
			3. Develop and implement standardized supervisor oversight process to monitor compliance with policy regarding emergency shelter care.	08/03	7/02	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Establish baseline and target dates regarding usage of emergency shelters.	08/03	7/02	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Targeted improvements will be monitored through N-FOCUS reports.	08/04	08/04	<p>1st Quarter: Extension requested 01/04. Shelter care costs were reduced by almost 50% during the first year so no improvement plan was required. Current utilization data is being completed and a new report will be issued in January 2004. An improvement plan will be developed and implemented in January 2004 if needed.</p> <p>2nd Quarter: Extension Requested to March 2004. Shelter care data is still being analyzed. We are very close to having it finalized. Once all the information is interpreted a formal improvement plan will be devised if necessary.</p> <p>3rd Quarter: Extension Requested to 8/04. The shelter care data compilation took a little longer than expected, but data reports were provided to each of the service areas at the Protection and Safety Administrator's meeting on April 13, 2004. Although the data was shared, specific improvement strategies were not identified in April as the Service Areas and Central Office wanted to further analyze the data before establishing any targeted improvements (if needed). Todd Reckling was assigned this action step and benchmarks. Todd later assumed the responsibilities of Administrator for the Office of Protection and Safety in May 2004. The responsibility for these benchmarks has just recently been assigned to another staff person, Craig Erickson. Central Office and the Service Areas will be discussing shelter care issues further, in the months of July and August 2004 and establishing any necessary improvement strategies and target outcomes. In the meantime, the monthly N-Focus Shelter Care report will be shared with staff.</p> <p>4th Quarter: Targeted improvement based is that no more than 56.2 youth in shelter care for more than 30 days at any given time..</p> <p>5th Quarter: The report for this quarter is the average of data from September and October 2004. November data is not available at this time. 124.5 youth were in shelter care more than 30 days.</p> <p>6th Quarter: The number of youth in shelter care more than 30 days: November 2004 – 116, December 2004 – 111, and January 2005 - 112.</p> <p>We have had a 11% increase in the number of youth in out of home care since July 2004, which had a direct correlation to the number of youth in emergency shelter and the length of time they remain in the shelter. If we</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.
6.5 Develop methods to monitor number of placements, placement change reasons, and placement disruptions of children.	Terri Farrell	Item 6. Stability of Foster Care Placements (6.7)	1. Develop N-FOCUS reports that measure and identify number of placement changes, placement change reasons and placement disruptions.	06/04	08/04	.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with number of placements, placement change reasons, and placement disruptions of children	09/04	10/04	5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.
			3. Establish baseline to monitor placement changes, placement change reasons, and placement disruptions.	09/04	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR. ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.
			4. Establish targeted improvements based on baseline	09/04	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline. ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Conduct case reviews on a sample of cases involving targeted child populations [e.g. children under age 5] to determine whether changes in placement settings were necessary to achieve the child's permanency goal or to meet the child's service needs. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	12/04	See 31.5	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005. ACF office approved request.
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	08/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.
6.6b Expand the use of Integrated Care Coordination Unit [ICCU] across the state in collaboration with Nebraska Regional Mental Health agencies to expedite reunification and permanency and reduce the number of moves while in placement	Amy Richardson	<i>Item 6.</i> Stability of foster care placement (6.8) <i>Item 8-</i> Reunification, Guardianship or Perm Placement w/ Relatives (8.9), <i>Item 23-</i> Educational Needs of the child(23.5)	1. Identify ICCU providers	06/03	06/03	
			2. Issue planning grants for expansion of ICCUs.	09/03	08/03	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Finalize contracts with ICCU providers.	03/04	03/04	
6.7. Strengthen collaboration between HHS and the Court Improvement Project to reach mutual agreement on improvements and to monitor agreed upon improvement activities to enhance permanency for children.	Chris Hanus	Item 6. Stability of foster care placement (6.9)	1. HHS Central Office Administrator designated as member of CIP Governing Group	05/03	05/03	
			2. Quarterly meetings of key HHS P&S team members and Court Improvement Project Administrator are held and documented.	05/03 and ongoing	05/03	
6.8. Strengthen policy and practice regarding diligent efforts to locate and assess non-custodial parents and relatives for: <ul style="list-style-type: none"> Potential placement resources; Increased placement stability; Expediting the adoption process; Visitation with children in foster care; Appropriately involvement in case planning. 	Margaret Bitz	Item 6. Stability of foster care placement (6.10) Item 8- Reunification, Guardianship or Perm Placement w/ Relatives (8.5), Item 9- Adoption (9.1) Item 13- Visiting w/ parents and sibs (13.1), Item 15- Relative Placement (15.2), Item 16- Relationship of child w/ parents (16.1),	1. Analyze lessons learned from Court Improvement Project pilot (Douglas County model court project and, the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources.	03/04	5/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
		<i>Item 18-</i> Needs and services of child, parents and foster parents (18.1)				
			2. Policy developed in collaboration with the Court Improvement Project (CIP) and NRCs for Child Maltreatment and Family Centered Practice.	10/04	10/04	<p>5th Quarter: Draft policy for the diligent effort to locate non-custodial parents and relatives has been developed and will go to public hearing in April 2005.</p> <p>6th Quarter: The policy will not go to public hearing in April 2005, therefore, a Program Memo will be issued in April 2005.</p>
			3. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	01/05	Delete	<p>5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4 Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	04/05	4/05	<p>5th Quarter: Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.</p> <p>6th Quarter: Extension Requested to 4/05. This benchmark should have had an extension request during the 5th quarter when it was identified that the policy would go to hearing in April. Memo is in draft form and ready to be approved and issued in April 2005. Supervisor Responsibility for ensuring staff is trained on the directive. The Protection and Safety Supervisor must assure that the worker understands the importance of diligent efforts and is carrying out the requirements of this memo. As the supervisor reviews cases, he or she must discuss diligent efforts with the worker and assure that relevant information is entered on N-FOCUS. Draft memo is included with the 6th progress report to ACF.</p> <p>ACF Office approved request.</p>
			5. Documentation of policy changes being shared will occur in supervisor's supervisory notebook.	04/05	4/05	<p>6th Quarter: Extension Requested to 4/05. This benchmark should have had an extension request during the 5th quarter when it was identified that the policy would go to hearing in April. Memo is in draft form and ready to be approved and issued in April 2005. Supervisors will be responsible for ensuring staff is trained on the directive during April 2005.</p> <p>ACF Office approved request.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Written policy disseminated through Administrative Memo.	04/05	4/05	6th Quarter: Extension Requested to 4/05. This benchmark should have had an extension request during the 5th quarter when it was identified that the policy would go to hearing in April. Memo is in draft form and ready to be approved and issued in April 2005. ACF Office approved request.
			7. Policy implemented statewide.	04/05	4/05	6th Quarter: Extension Requested to 4/05. This benchmark should have had an extension request during the 5th quarter when it was identified that the policy would go to hearing in April. Memo is in draft form and ready to be approved and issued in April 2005. This policy will become effective through the issuance of the program memo in April 2005. ACF Office approved request.
6.9. Develop and implement methods for measuring the policy for timely identification and diligent efforts in locating and assessing non-custodial parents and relatives in 6.8.	Terri Farrell	<i>Item 6.</i> Stability of foster care placement(6.11) <i>Item 8-</i> Reunification, Guardianship or Perm Placement w/ Relatives (8.6), <i>Item 9-</i> Adoption (9.2) <i>Item 13-</i> Visiting w/ parents and sibs (13.2), <i>Item 15-</i> Relative Placement (15.3), <i>Item 18-</i> Needs and services of child, parents and foster parents(18.2)	1. Provide supervisors and managers with copies of N-FOCUS reports on a monthly basis that identify placements with relatives and non-custodial.	07/04 and ongoing	07/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Conduct case reviews on a sample of cases to determine compliance on early identification and assessment of non-custodial parents and relatives. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	07/04	See 31.5	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.</p> <p>ACF Office approved request.</p>
			3. Develop and implement standardized supervisor oversight process to monitor timely identification and diligent efforts in locating and assessing non-custodial parents and relatives as placement resources to increase placement stability.	01/05	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.</p>
			4. Establish baseline to determine compliance with early identification and assessment of non-custodial parents and relatives.	09/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			5. Establish targeted improvements based on baseline.	09/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.
6.10. Conduct targeted foster parent/resource family recruitment campaign to reflect the ethnic and racial diversity of the children in State custody in collaboration with the Nebraska Foster and Adoptive Parent Association [NFAPA] to support stability of foster placements.	Chris Hanus	<i>Item 6.</i> Stability of foster care placement, (6.12) <i>Item 14,</i> Preserving connections (14.7) <i>Item 44-</i> State has process for ensuring diligent recruitment and retention of foster and adoptive families (44.1)	1. Using N-FOCUS, analyze characteristics of children and foster parents to identify gaps in matching child needs with foster parent resources.	06/04	06/04	6th Quarter: This benchmark is included with in the retention and recruitment plan of foster parents - the requirement of completing the characteristics fields for both foster parents and children allowing a report to be produce for the field to conduct an on-going analysis of their needs. 7th Quarter: An administrative memo was issued to protection and safety staff that requires them to enter child characteristics and foster parent preferences in N-FOCUS. All new cases to be entered as of July 2005 and current cases to be completed by December 2005.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Establish targets for recruitment	09/04	09/04	<p>5th Quarter: The targets for statewide recruitment will focus on finding homes for children who have a goal of reunification and are currently not placed in the county of their committing court or a contiguous county.</p> <p>6th Quarter: The focus of the recruitment campaign is to gain more foster parents and specifically targeting homes for those children with the goal of reunification not in their county of committing court or a contiguous county. Although there is not a specific goal at this time to recruit more adoptive homes, the majority of adoptions occur by our foster parents and therefore, getting more foster homes will lead to more permanent placements for children. There are additional goals to the recruitment and retention plan and are as follows:</p> <ol style="list-style-type: none"> 1. By [date] increase the number of licensed bilingual Hispanic Resource Family Homes by [percent]. 2. By [date] increase the number of licensed Native American Resource Family Homes by [percent]. 3. By [date] reduce the number of children that have the goal of reunification being placed outside of the county of committing court or a contiguous county by 50%. 4. By October 2005 reduce the number of siblings not being placed together or within 30 miles of each other by 50%. 5. By October 2005 increase the number of resource families who are licensed to serve children ages 5 and younger by 50%. 6. By [date] reduce the turnover rate of licensed resource families by [percent]. 7. Specific Service Area goals will be inserted.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Design recruitment campaign in collaboration with the NRC on Child Maltreatment and Foster Care and Permanency Planning.	09/04	09/04	5th Quarter: A recruitment plan has been developed which includes all strategies for the campaign. This plan is currently awaiting approval from Protection and Safety Management and the Director.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Initiate recruitment campaign for the targeted needs, including recruitment of families that reflect the child's racial, cultural and ethnic background.	02/05	12/04	<p>5th Quarter: Extension Requested to 2/05 to allow time for the Protection and Safety Administrator and the Director of Health and Human Services to approve the plan.</p> <p>6th Quarter: The recruitment and retention plan has been approved, with the exception of how we will contract for services: statewide or by Service Area. This needs to be processed with the Director. The recruitment campaign has been initiated. Refer to the following phases of the plan:</p> <p><u>Phase I – Inquiry:</u> This phase is completed. The phase tied the inquiry process to the AdoptUSKids campaign which allows all prospective families to go through the 800 number. The Nebraska Association for Foster and Adoptive Parents is the organization which manages the 800 number. A tracking system for all inquiries was provided as a part of the campaign that NFAPA is using and has also trained the Service Areas on how to access this system for information.</p> <p><u>Phase II – Marketing Development:</u> The marketing phase includes all aspects of development of the marketing materials to be used in the statewide campaign. This phase includes the development of marketing the message, brochures, ads, videos and the retention and recruitment advisory team. During this phase the marketing message and materials will be incorporated into ABFC and ICCU contracts. This phase will be implemented January 1, 2006.</p> <p><u>Phase III –Recruitment:</u> This phase includes the initiation of recruitment at both the statewide and Service Area level. Recruitment will include the implementation of the statewide general and targeted goals along with the Service Area target goals. Also, orientation of newly recruited resource families will be provided. This phase will be implemented January 1, 2006.</p> <p><u>Phase IV – Training:</u> During the training phase, all changes will be made to PRIDE along with implementation of the PRIDE material in pre-service training. This phase will be implemented July 1, 2006</p> <p><u>Phase V – Child Specific Recruitment:</u> This phase begins the initiation of child specific recruitment of resource families. This will include the contact with identified relatives or children known to the child. Child specific recruitment has been initiated. Actions have included Intake Policy changes to identify non-custodial</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.11. Conduct training for resource families and staff regarding family centered practice.	Chris Hanus	<i>Item 6.</i> Stability of foster care placement (6.13) <i>Item 14.</i> Preserving Connections (14.8) <i>Item 44.</i> State has process for ensuring diligent recruitment and retention of foster and adoptive families	1. Include article in NFAPA summer 2005 newsletter regarding family centered practice. (NOTE: foster parents are able to gain in-service hours by reading articles, writing and submitting a learning summary).	03/05	6/05	5th Quarter: Request extension to 3/05. The plan will need to be approved in order to develop training regarding the roles and uses of resource families. The ACF Office approved all requests in 6.11 7th Quarter: Request rewrite of action step and benchmarks to include family centered practice. An article for the NFAPA newsletter will be drafted and was submitted on June 20, 2005 for inclusion in the summer newsletter which is distributed in July 2005. 8th Quarter: The family centered practice article did appear in the Summer 2005 NFAPA newsletter, which was published in July 2005.
			2. Update materials that NFAPA sends out in response to 1-800 inquiries to include information about family centered practice.	04/05		5th Quarter: Request extension to 4/05 to follow request in 6.11.1 7th Quarter: Request rewrite of action step and benchmarks to include family centered practice. This benchmark to be completed in 7/05
			3. Contract for the development of mini conferences that will be offered to foster parents regarding family centered practice.	04/05		5th Quarter: Request extension to 4/05 to follow request in 6.11.1 7th Quarter: Request rewrite of action step and benchmarks to include family centered practice. This benchmark to be completed in 7/05
			4. Begin mini conferences.	04/05		5th Quarter: Request extension to 4/05 to follow request in 6.11.1 7th Quarter: Request rewrite of action step and benchmarks to include family centered practice. This benchmark to be completed by 8/15/05.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.12. Develop and implement methods to measure the availability of resource families to meet racial, cultural and ethnic needs of children.	Terri Farrell	Item 14 Preserving Connections(14.9)	1. Develop N-FOCUS reports that monitors the availability of resource families to meet racial, cultural and ethnic needs of children.	1/05 and on-going	See 6.10	<p>5th Quarter: Through the PIP renegotiations it was determined that 6.12 and the associated benchmarks 1-5, are being addressed in 6.10 so this action step and benchmarks are not necessary</p> <p>6th Quarter: Included within the Foster Parent Retention and Recruitment Plan is the requirement of completing the characteristics fields for foster children and foster parents and also producing a report based on this information for the field to monitor the availability of resource families to meet the needs of children.</p>
			2. Provide child welfare resource development staff and managers with reports on a monthly basis.	6/04	See 6.10	<p>5th Quarter: See 6.12.1</p>
			3. Establish a baseline to monitor availability of resource families to reflect the children in care.	12/04	Delete	<p>5th Quarter: After discussion between NE and ACF Regional Office approval has been given to delete benchmarks 3 and 4 as the development of the baseline and targeted improvement will fall outside of the PIP timeframe</p>
			4. Establish targeted improvements.	12/04	Delete	<p>5th Quarter: After discussion between NE and ACF Regional Office approval has been given to delete benchmarks 3 and 4 as the development of the baseline and targeted improvement will fall outside of the PIP timeframe</p>
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSA's for their areas and submitted to the Administrator of the Office for Protections and Safety.	3/05 and on-going	10/04	<p>5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report

Item 7. Permanency goal for child

Goal Negotiated Measure; % of Improvement: By 7-1-05 Nebraska will increase the percentage of children with established permanency goals 54% to 89.9%.

Baseline: 54% established through N-FOCUS. **July 2003: 83% December 2003: 83.5%**

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
7.1. Strengthen policy and practice regarding: <ul style="list-style-type: none"> timely establishment of permanency goals within 60 days of placement timely re-assessments of permanency goals 	Margaret Bitz	<i>Item 7.</i> Permanency goal for child. (7.1., 7.3) <i>Item 8-</i> Reunification, Guardianship or Perm Placement w/ Relatives (8.1), <i>Item 9-</i> Adoption (9.5)	1. Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding timely establishment of permanency goals within 60 days of placement.	03/04	5/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	09/04	7/04	<p>5th Quarter: Policy has been reviewed and is very clear on the requirement of permanency goals needing to be established within 60 days of placement and the re-assessments of permanency goals. There is no need to strengthen policy</p> <p>Practice has been strengthened through the performance accountability plan. The plan sets performance expectations from the worker to the administrator. Administrators are required to meet with Supervisors at least monthly to review the outcome data in the supervisor's area of responsibility. Supervisors are required to meet with each PSW they supervise at least monthly to review cases assigned to the worker. This review includes reviewing that workers have established case plans and goals and re-assessment of the case plan and goals occur at least every six months. Workers not meeting expectations will assess the barriers to achieving the goals with their supervisor and if necessary, plans for individual or systemic improvement will be developed.</p> <p>The philosophical foundation for the policy and practice are being reinforced through the family centered practice training that is being delivered to Protection and Safety staff. Refer to 18.1.2</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	01/05	Delete	5th Quarter: Since policy did not need to be strengthened, the development of training for this policy was not required. The policy requirement has been reiterated to supervisors and staff through the performance accountability plan.
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	01/05	7/04	5th Quarter: Supervisors and Administrators were all trained on the performance accountability plan in 7/04. All supervisors then met and explained to their staff the expectations of the plan.
			5. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	01/05	7/04	5th Quarter: Administrators and Supervisors completed training sign it sheets at the supervisory conference. Workers signed an acknowledgment form that the performance plan had been explained to them.
			6. Written policy disseminated through Administrative Memo.	01/05	7/04	5th Quarter: There is no new policy to be disseminated although with the development of the new protection and safety worker internal website, all policies and procedures have been posted along with the accountability plan.
			7. Policy implemented statewide.	01/05	10/04	5th Quarter: There is no new policy to be implemented. The performance accountability plan was implemented statewide in 10/04.
7.2. Develop and implement methods for measuring compliance with policy on timely establishment and re-establishment of permanency goals	Terri Farrell	<i>Item 7.</i> Permanency goal for child (7.4., 7.9) <i>Item 9.</i> <i>Adoption</i> (9.6)	1. Develop an N-FOCUS report that monitors that each child has a current permanency goal and that timely reassessment occurs.	07/02	07/02 and on-going	
			2. Provide supervisors and managers with N-FOCUS reports on a monthly basis	07/02	07/02 and on-going	
			3. Develop and implement standardized supervisor oversight process to monitor compliance with initiating timely establishment of permanency goals.	07/04	06/04	
			4. Establish a baseline for timely establishment of permanency goals	09/04	2/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Establish targeted improvements based on baseline.	09/04	2/04	<p>6th Quarter: The baseline established is 54%. With the targeted improvement 89.9%. We would like to renegotiate this target to 84%.</p> <p>July 2003 – 83% Dec 2003 – 83.5% July 2004 – 70.8% Dec 2004 – 79.9%</p> <p>In July of 2004, we improved the capturing of this data which increased the quality and accuracy of the data.</p> <p>7th Quarter: (Jan – Mar 05) 83.2%</p>
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing	06/04	
7.3. Develop policy and practice regarding concurrent planning including protocol for staff consultation early within cases to determine adoptive home needs.	Margaret Bitz	<i>Item 7.</i> Permanency goal. (7.5) <i>Item 9-</i> Adoption (9.3), <i>Item 25-</i> Process that ensure each child has a case plan (25.4), <i>Item 28-</i> Process for term of parental rights according to ASFA (28.1)	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	05/03	05/03	
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	12/03	5/02	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	03/04	5/02 through 8/02	
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04	8/02	
			5. Written policy disseminated through Administrative Memo.	04/04	5/03	
			6. Policy implemented statewide	04/04	5/03	
7.4. Develop and implement methods for measuring compliance with policy on concurrent planning	Terri Farrell	<i>Item 7.</i> Permanency goal. (7.6) <i>Item 9-</i> Adoption (9.4), <i>Item 25-</i> Process that ensure each child has a case plan (2554), <i>Item 28-</i> Process for term of parental rights according to ASFA (28.2)	1. Develop N-FOCUS report that monitors children with concurrent plans.	03/04	4/04	
			2. Develop and implement standardized supervisor oversight process to monitor compliance with policy on concurrent planning.	10/04	10/04	5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Conduct case reviews on a sample of cases to determine compliance on concurrent planning based on case reviews. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	2/05	See 31.5	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005. The ACF Office approved request.
			4. Establish baseline to determine compliance with concurrent planning.	3/05	Delete	5th Quarter: After discussion between NE and ACF Regional Office approval has been given to delete benchmarks 4 and 5 as the development of the baseline and targeted improvement will fall outside of the PIP timeframe
			5. Establish targeted improvements based on baseline.	3/05	Delete	5th Quarter: After discussion between NE and ACF Regional Office approval has been given to delete benchmarks 4 and 5 as the development of the baseline and targeted improvement will fall outside of the PIP timeframe
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.
7.5. Strengthen policy and practice regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file.	Margaret Bitz	<i>Item 7.</i> Permanency goal (7.8) <i>Item 9-</i> Adoption(9.12), <i>Item 28-</i> Process for term of parental rights according to ASFA (28.5)	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	10/03	10/03	5th Quarter: Request to incorporate this action steps and associated benchmarks 1-6 with 7.8-the strengthening policy and practice of guardianship. These two policies are interconnected and need to be distributed together.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Training developed in collaboration with HHS Training, HHS Legal Staff, and University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	07/04	Delete	<p>2nd Quarter: Request extension to 7/04.</p> <p>4th Quarter: Request elimination of this benchmark. Policy will be distributed, and training will be done by supervisors, based on the policy. Therefore, there is no need to develop formal training.</p> <p>5th Quarter: Request to incorporate this action steps and associated benchmarks 1-6 with 7.8 see 7.5.1.</p> <p>6th Quarter: ACF denied request to incorporate this into 7.8 due to its importance.</p> <p>7th Quarter: During the 5th Quarter renegotiations of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives and the request for this benchmark to be eliminated. ACF confirmed that this would still be true for this benchmark.</p>
			3. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	11/04		<p>5th Quarter: Request to incorporate this action steps and associated benchmarks 1-6 with 7.8 see 7.5.1.</p> <p>ACF Office denied request due to its importance</p> <p>7th Quarter: Program memo issued in June 2005 and supervisors have 30 days to share the memo with staff in individual supervisory meetings or at a group meeting in June.</p>
			4. Documentation of policy changes being shared will occur in supervisor's supervisory notebook.	11/04		<p>5th Quarter: Request to incorporate this action steps and associated benchmarks 1-6 with 7.8 see 7.5.1.</p> <p>ACF Office denied request due to its importance</p> <p>7th Quarter: Training will occur in June and July 2005 and the training will be documented in the supervisor's supervisory notebook.</p>
			5. Written policy disseminated through Administrative Memo.	11/04		<p>5th Quarter: Request to incorporate this action steps and associated benchmarks 1-6 with 7.8 see 7.5.1.</p> <p>ACF Office denied request due to its importance</p> <p>7th Quarter: Program memo issued in June 2005 with the effective date of July 1,,2005</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Policy implemented statewide.	11/04		<p>5th Quarter: Request to incorporate this action steps and associated benchmarks 1-6 with 7.8 see 7.5.1.</p> <p>ACF Office denied request due to its importance</p> <p>7th Quarter: Program memo issued in June 2005 for implementation as of July 15, 2005.</p>
7.6. Develop and implement methods of monitoring compliance with policy regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file	Terri Farrell		1. Conduct case reviews on a sample of cases in which children have been in out of home care 15 of 22 months to determine compliance with policy regarding termination of parental rights. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of reviews is based on QA protocols.	09/04	See 31.5	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.</p> <p>ACF Office approved request</p>
			2. Establish baseline based on case read to determine compliance with policy regarding termination of parental rights.	12/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			3. Establish targeted improvements based on baseline	12/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol.	01/05 and ongoing	10/04	<p>5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
7.7 Develop means by which HHS and local county attorneys and courts will work together to expedite permanency and reduce the number of children in out of home care, with a particular emphasis on children in out of home care for 15 or more of the past 22 months.	Margaret Bitz	Item 7. Permanency goal (7.8) Item 8- Reunification, Guardianship or Perm Place w/ Relatives (8.7) Item 28- Process for term of parental rights according to ASFA (28.6)	1. In collaboration with the Court Improvement Project, analyze experience of the Lancaster County Pilot Project to establish permanency for children reaching 15 of 22 months in out of home care.	4/04	5/04	
			2. Service area staff, including Protection and Safety Administrators, will meet with each court and county attorney's office in the service area. These meetings will include identification of legal issues and HHS or legal practices that impede or enhance permanency for children in care, with the purpose of removing barriers, expediting permanency, and reducing the number of children in out of home care for 15 or more of the last 22 months. Still in draft as we need to determine if this will be quarterly, twice a year...etc	7/04		<p>5th Quarter: The Protection and Safety Administrator and other identified staff in Omaha and Lincoln have been meeting on a monthly basis.</p> <p>6th Quarter: A note is being sent to the Protection and Safety Administrators in the other areas of the state regarding this benchmark. The note inquires what has occurred in their area in meeting with their county attorneys to discuss what is impeding or enhancing permanency for children.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. The HHS Director, Administrator for the Office of Protection and Safety, and/or other Office of Protection and Safety Staff will meet quarterly with the Juvenile Court judges. These meetings will include identification of legal issues and HHS or legal practices that impede or enhance permanency for children in care, with the purpose of removing barriers, expediting permanency, and reducing the number of children in out of home 15 or more of the past 22 months	7/04	7/04	<p>5th Quarter: Beginning on July 28, 2004 HHS began meeting with the juvenile judges in Omaha and Lincoln. These will be held on a quarterly basis.</p> <p>6th Quarter: Omaha and Lincoln are the only cities in Nebraska that have a separate juvenile court that meet regularly and it was the intention to have the Director and the Administrator of the Office of Protection and Safety to meet only with the Separate Juvenile Courts. The report that was finalized in March 2005 will be shared with the Director, Administrator for the Office of Protection and Safety and Protection and Safety Administrators to use in their meetings with the Separate Juvenile County Judges and County Attorneys across the state.</p>
			4. In collaboration with the NRC's for Legal and Judicial Issues, CIP, and HHS Legal Services. Analyze and identify barriers and recommend actions for legal services to support permanency.	3/04	5/04	<p>6th Quarter: The draft report of the generated from the focus groups was shared with the Protection and Safety and Resource Development Administrators in the Fall 2004 and was been finalized in 3/05.</p>
			5. Implement recommendations identified for improving legal services to support permanency.	4/05	4/05	<p>6th Quarter: Request extension to 4/05. The implementation of the recommendations will be incorporated with the meetings in 7.7.2 and 7.7.3.</p> <p>ACF Office approved request</p> <p>7th Quarter: The service areas are meeting with County Attorneys and Courts to address specific barriers in their own area regarding permanency.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Monitor the implementation of the recommended actions to assure recommendations are implemented and that permanency is being supported through the identified changes	4/05	4/05	<p>6th Quarter: Request extension to 4/05. The implementation of the recommendations will be incorporated with the meetings in 7.7.2 and 7.7.3.</p> <p>ACF office approved request</p> <p>7th Quarter: Central SA:</p> <ul style="list-style-type: none"> • Meetings in the first quarter of 2005 in Nuckolls County with the County Attorney and Deputy Sheriff, and with the Hall County Attorney • 7/8/04: Meeting with judges. Judges expressed satisfaction with timeliness of court reports and worker attendance at hearings. They would like to have a change in the court report format, with current placement and time spent in out of home care on the first page, to make the information more readily accessible to them. Discussion of the need for permanency hearings on a regular basis has led to increased focus on assuring that they occur. • 7/20/04: Meeting with Custer County Judge and County Attorney. The Judge requested a clearer description in court reports of what HHS considered to be reasonable efforts made. He expressed his support for family group conferences and his opinion that inclusion of the Guardian Ad Litem would be helpful. • 8/16/04: Meeting with Judge Brodbeck. Discussion included the case plan format, OJS evaluation, ICCU's, and IVE funding and relevant orders. He has not had problems with HHS. • 8/20/04: Meeting with the Adams County Attorney. Discussion included ways to assist families to avoid making children wards of HHS when the children have status offense behaviors and when law enforcement has made the decision to remove a child due to an abuse or neglect complaint. Agreement was reached to have weekly meetings between HHS, law enforcement, and the county attorney's office to discuss intakes and the services that might be provided, as well as dealing with protocol issues between the three parts of the system. An additional topic was lack of drug testing on parents. • 8/20/04: Meeting with Judge Ide, Offner, and Ott: Discussed the need for training of judges and attorneys regarding assessments done by the ICCU's. The judges reported that they are instituting 6 month hearings for youth who are at the YRTC's. They like family group conferences and family team meetings. They asked that HHS be sure that guardians know

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
60 ACF Federal Approval Second Quarterly Report	August 2003 March 15, 2004		7. Collaborate with CIP and HHS Legal Services on strategies to overcome identified barriers.	06/05	5/05	<p>7th Quarter:</p> <ul style="list-style-type: none"> - Administrative Meetings with the Court: The HHS Director and the Administrator of the Office of Protection and Safety are meeting at least every six months with groups of judges. In June, 2005 they met with the Juvenile Court Judges, discussing systems issues and potential solutions for removal of barriers. - Nebraska Supreme Court: In March, 2005 Chief Justice Hendry issued a memorandum to all judges with juvenile court jurisdiction and clerk magistrates. The memo explained the necessity for making detailed, fact-based, case specific reasonable efforts findings at initial hearings. The memo included a order format and strongly suggested its use by the courts. This memo was developed by the Court Improvement Project, with collaboration by HHS. <p>On January 6, 2005, Chief Justice Hendry announced the formation of the Supreme Court Commission on Children in the Courts. The Commission consists of judges, lawyers, representatives of the legislative and executive branches, and children's advocates. The initial goal of the Commission is to begin a study of appropriate steps to take to insure that the court system is as responsive as possible for children directly affected by the courts. The Commission will explore such possibility as specialized family courts, improving cooperation between courts, child welfare agencies, and volunteers, and use of drug courts. The Commission meets at least quarterly, with meetings initially scheduled for February 21, May 6, August 5, and December 16. HHS Director, Nancy Montanez, is a member of the Commission. The Commission also has subcommittees, with HHS participation. One of those is the Subcommittee on Expedited Appeals. This subcommittee's purpose is to develop suggestions for changes that will expedite appeals related to child welfare, with the result of moving children more quickly through the system. The subcommittee had its first meeting on April 11, exploring models which might be useful in Nebraska. An attorney from the Protection and Safety Legal Team participated</p> <ul style="list-style-type: none"> - Court Improvement Project Because of the positive reaction in Lancaster County by judges, HHS staff, families, the county attorney, and parents' attorneys to having expedited preliminary protective custody hearings, Douglas County instituted a similar practice in July, 2004. All five judges there began

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
7.8. Strengthen policy and practice regarding appropriate use of guardianship as a permanency goal	Margaret Bitz	Item 7. Permanency goal (7.10)	1. Policy developed in collaboration with the NRC's on Foster Care and Permanency Planning and Family Centered Practice.	10/03	12/03	
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	07/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	1/05	1/05	<p>5th Quarter: Request extension to 1/05 when the policy directive is issued See 7.8.4. Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.</p> <p>6th Quarter: Policy Memo issued in January 2005 and effective on January 15, 2005. Refer to 5th Quarter report above; it is the responsibility of supervisors to train staff on policy memos. This policy memo has also been published to the internal Protection and Safety Worker site. Policy memos are also distributed in hard copy by our Regulatory Analysis and Integration Division (RAID) to all manual holders. RAID is the division responsible for the Health and Human Services rules and regulation process.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Written policy disseminated through Administrative Memo.	1/05	1/05	<p>5th Quarter: Extension requested to 1/05. We want to send the administrative memo along with a report that indicates what children currently have guardianship as a goal. This report will be run in January 2005 and we think it its necessary for these to be issued together so workers can connect the directive with the work.</p> <p>6th Quarter: Policy Memo distributed in January 2005 to all manual holders.</p>
			5. Policy implemented statewide.	1/05	1/05	<p>5th Quarter: Extension requested to 1/05 to follow request 7.8.4.</p> <p>6th Quarter: Policy implemented statewide in January 2005.</p>
7.9. Develop and implement methods for measuring compliance regarding guardianship policy	Terri Farrell	<i>Item 7. Permanency goal (7.11)</i>	1. Develop N-FOCUS report that lists children with guardianship as a permanency goal.	09/04	9/04	5th Quarter: The N-FOCUS report that lists guardianship as a permanency goal made was available in September 2004. This report is sent to supervisors and managers monthly.
			2. Establish baseline to determine compliance with using guardianship as a permanency goal.	09/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			3. Conduct case reviews on a sample of all foster care cases to determine compliance on using guardianship as a permanency goal. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of reviews is based on QA protocols.	12/04	See 31.5	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Develop and implement standardized supervisor oversight process to monitor compliance with guardianship policy.	08/04	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.</p> <p>6th Quarter: Our focus in this first year was to establish the supervisory standards and to place them into a formal performance evaluation process. The administrator who conducts the supervisor's performance evaluation is responsible for verifying compliance with the performance standards. While many of the standards are data driven and compliance is verified by data, the standards regarding face-to-face meetings with Workers and the standard regarding review of 100% of each Worker's cases every 60 days are not. The administrator's assessment of compliance is recorded on the supervisor's performance evaluations. The first evaluations in our new system began in January 1 for the Western, Central and Northern Service Areas and on April 1 for the Eastern and Southeast Service Areas. At this point we have a limited number of evaluations completed under this new process. We do plan on assessing the level of compliance and identifying exceptional performance or barriers to meeting the standards.</p>
			5. Establish targeted improvements based on baseline.	09/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.

Item 8. Reunification, Guardianship or Permanent Placement with Relatives

Goal Negotiated Measure; % of Improvement: By 7-1-05 Nebraska will increase the percent of reunification occurring within 12 months of entry into foster care 39.9% to 42.4%.

PASSED

Baseline: 39.9% established through N-FOCUS in FFY 2002. **FFY 2003: 46.3% FFY 2004: 47.9%**

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
8.1. Strengthen policy and practice on content to be included in the court report at permanency hearings	Margaret Bitz	Item 8. Reunification, guardianship, or permanent placement with relatives. (8.3)	1. Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding content of court reports at permanency hearings.	3/04	3/04	
			2. Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	3/05	3/05	<p>6th Quarter: Request extension to 3/05 to coincide with the development of the case planning policy as the content of the court reports at permanency hearing will be contained in the same chapter of policy as the case planning.</p> <p>ACF office approved request</p> <p>7th Quarter: Policy has been strengthened to include the content that needs to be included in the court report for permanency hearings.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Written policy disseminated through Administrative Memo.	3/05		<p>6th Quarter: Request extension to 3/05 to coincide with the development of the case planning policy as the content of the court reports at permanency hearing will be contained in the same chapter of policy as the case planning.</p> <p>ACF office approved request</p> <p>7th Quarter: Administrative memo to be issued in June 2005.</p>
			4. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	01/05	Delete	<p>5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.</p>
			5. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	3/05		<p>5th Quarter: Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.</p> <p>6th Quarter: Request extension to 3/05 to coincide with the development of the case planning policy as the content of the court reports at permanency hearing will be contained in the same chapter of policy as the case planning.</p> <p>ACF office approved request</p> <p>7th Quarter: Training will occur within 30 days of the Administrative memo being issued. Memo is anticipated to be issued in June 2005. Training will occur in June and July 2005</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Documentation of policy changes will occur in each supervisor's supervisory notebooks.	3/05	6/05	<p>5th Quarter: Documentation of policy changes being shared will occur in the each supervisor's supervisory notebook.</p> <p>6th Quarter: Request extension to 3/05 to coincide with the development of the case planning policy as the content of the court reports at permanency hearing will be contained in the same chapter of policy as the case planning.</p> <p>ACF office approved request</p> <p>7th Quarter: Training will be documented in the supervisor's supervisory notebook when training has occurred and is anticipated to occur in June and July 2005</p>
			7. Policy implemented statewide.	3/05		<p>6th Quarter: Request extension to 3/05 to coincide with the development of the case planning policy as the content of the court reports at permanency hearing will be contained in the same chapter of policy as the case planning.</p> <p>ACF office approved request</p> <p>7th Quarter: The administrative memo is anticipated to be issued in June 2005 with the effective date of July 15, 2005.</p>
8.2. Develop and implement methods for measuring compliance with policy required in court reports at permanency hearings	Terri Farrell	Item 8. Reunification, guardianship, or permanent placement with relatives (8.4)	1. Develop and implement standardized supervisor oversight process to monitor compliance with court report policies.	04/05	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Conduct case reviews on a sample of cases to determine compliance on court report policies at permanency hearings. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	04/05	See 31.5	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.
			3. Establish baseline to determine that cases are in compliance.	04/05	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR. ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.
			4. Establish targeted improvements based on baseline.	04/05	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline. ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	04/05 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.
8.3. Develop policy and practice to implement legislative changes to allow waiver of training requirement for licensure of relatives on an individual case basis	Margaret Bitz	Item 8. Reunification, guardianship, or permanent placement with relatives (8.8)	1. Policy developed by HHSS.	06/03	06/03	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Train staff on written policy. Training to be conducted by managers and supervisors.	3/04	4/04	
			3. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	3/04	4/04	
			4. Written policy disseminated through Administrative Memo	3/04	3/04	
			5. Policy implemented statewide.	3/04	3/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
8.4. Increase use of Family Group Conferencing to: <ul style="list-style-type: none"> locate family members and maintain connections; assist in locating family members and increase placement with relatives participation in case planning locate family members as potential foster and adoptive parents 	Sherri Haber	Item 8. Reunification, guardianship, or permanent placement with relatives (8.10) <i>Item 14-</i> Preserving Connections (14.10), <i>Item 15-</i> Relative Placement (15.4) <i>Item 25-</i> Process to ensure each child has a case plan developed jointly w/ parents (25.6) <i>Item 44-</i> Diligent recruitment and retention of potential foster and adoptive parents (44.3)	1. Identify current utilization of family group conferencing through review of current contracts and numbers of families served.	4/04	04/04	
			2. Identify targeted increase of family group conferencing to assist in locating family members or natural supports of family for placement opportunities based on current utilization.	03/04	05/04	3rd Quarter - In October 2003 a letter from the Director of the agency was issued to all staff encouraging the use of Family Group Conferencing. No specific targeted increases were established. Currently from July 2003 through April 2004 – 116 families have been served. This is an increase of 92%. Because of the philosophical shifts in our agency we are now hesitant to establish a targeted increase in the use of a service for which we expect staff to be able to provide. While incorporating the principals of ‘wraparound’ within the daily work of all of our staff, the use of expedited family group conferencing should only be used in cases where there are major conflicts, that staff and supervisors agree, a professional organization should be involved.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Communicate to staff the availability and the expectation of meeting the targeted increase.	03/04	10/03	3rd Quarter – In October 2003 a memo from the Director of the agency went to all staff encouraging and supporting the use of Family Group Conferencing. Because of the philosophical shifts in our agency we are now hesitant to establish a targeted increase in the use of a service for which we expect staff to be able to provide. While incorporating the principals of 'wraparound' within the daily work of all of our staff, the use of expedited family group conferencing should only be used in cases where there are major conflicts, that staff and supervisors agree, a professional organization should be involved.
			4. Develop and implement standardized supervisor oversight process to monitor compliance with increased use of Family Group Conferencing to assist in locating family members and maintain connections.	03/04	05/04	3rd Quarter – We believe that we this is an inappropriate benchmark based on our philosophical base. The use of a purchased service should not be grounds for a corrective action plan to be implemented. The service continues to be available in all 5 areas of the State and will continue to be available with contract renewals in July 2004.
8.5 Contract with family organizations to: <ul style="list-style-type: none"> provide mentoring and supports to biological families in 8 areas of the state, and 	Shirley Pickens-White	Item 8. Reunification, guardianship, or permanent placement with relatives 8.11) Item 18-Needs and services of child, parents and foster parents (18.6), Item 29- process for parents of children in foster care to be notified and provided opportunity to be heard in any review or hearing (29.3)	1. Issue request for qualifications/proposals	07/03	04/03	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Review proposals	08/03	06/03	
			3. Award contracts	08/03	06/03	
			4. Monitor contract performance - plans, goals and objectives	08/03 and ongoing	08/03	
			5. Develop survey in collaboration with family organizations.	03/04	03/04	
			6. HHS will conduct surveys to determine if bio-families have been invited to and participate in case planning hearings and case review processes.	08/04	3/05	<p>5th Quarter: Through the renegotiation of the PIP, it was agreed that benchmarks 6-9 were not necessary as the Department will be conducting a customer satisfaction survey with biological parents and the survey will include their involvement in this process. Also, the NE CFSR will get to biological parent involvement in case planning hearings and case review processes.</p> <p>6th Quarter: Protection and Safety has entered into an interagency agreement with Regulation and Licensure to conduct parent satisfaction surveys on a quarterly basis beginning in March 2005. Surveys will be conducted quarterly. 350 parents will randomly be selected to participate. This information will be aggregated by the Research and Performance Measurement Unit in Finance and Support This information will be given to Protection and Safety to analyze, identify trends and establish any necessary improvements based upon the results of the survey.</p> <p>Request changing benchmark to "Conduct survey to determine if bio-families report that their Worker provides information requested by the family and involves the family in decisions about the case plan. Surveys conducted by HHS." ACF approved change.</p>
			7. Establish baselines to determine whether or not bio- families have been invited to and participate in case planning hearings and case review processes.	09/04	Delete	<p>5th Quarter: See 8.5.6.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			8. Communicate with the results of the survey with stakeholders.	6/05		<p>5th Quarter: See 8.5.6.</p> <p>6th Quarter: Request change of benchmark to “Communicate with the results of the survey with stakeholders. “ Request extension to June 1. As noted in #6, the first survey was initiated on March 1, 2005. The extension will provide adequate time to tally the response and present the findings at the next scheduled Family Organizations conference call on June 1.</p> <p>ACF approved request for change in benchmark.</p>
			9. Conduct quarterly surveys to determine family involvement in being invited and actively participating in case planning hearings and case review processes.	06/05 and ongoing		<p>5th Quarter:</p> <p>Request change to benchmark: Same as #6.</p> <p>7th Quarter: Surveys to be conducted for the 2nd quarter in June 2005. The questions have been added to survey parents regarding their being invited and actively participation in hearings.</p>
8.6. Distribute the Court Improvement Project “Guide for Parents and Foster Parents: Walking Your Way Through the Nebraska Juvenile Court Child Protection Process”	Margaret Bitz	Item 8. Reunification, guardianship, or permanent placement with relatives (8.12)	1. Review draft of Court Improvement Project “Guide for Parents and Foster Parents: Walking Your Way Through the Nebraska Juvenile Court Child Protection Process.”	04/02	04/02	
			2. Secure copies	11/03	04/02	
			3. Distribute copies of handbook to staff.	12/03	04/02	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
8.7. Develop a handbook for families of children involved with Protection and Safety to assure that families understand the system and their rights and responsibilities and supports available to them.	Shirley Pickens-White	Item 8. Reunification, guardianship, or permanent placement with relatives (8.13) <i>Item 18</i> -Needs and services of child, parents and foster parents (18.8), <i>Item 25</i> - Process to ensure each child has a case plan developed jointly w/ parents (25.3)	1. Contract with the Federation of Families to develop a handbook for families and children involved with Protection and Safety.	09/02	09/02	
			2. Determine protocol for distribution of the handbook in collaboration with the Federation of Families.	07/04	07/04	
			3. Cover letter and handbook distributed to HHS staff and to families.	6/05		6 th Quarter: Extension requested to 6/05. A request was made that the Family's Organizations review the 3 handbooks – one developed by staff in the Omaha office, second one developed by the Federation for Families and the third developed by Collaborative group including the Child Welfare League of America. Based on their recommendation, the handbook that was developed by the Omaha staff will be printed and distributed statewide in June 2005. ACF approved extension request

Item 9. Adoption

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will increase the percent of finalized adoptions that occur within 24 months of removal from their home from 8.2% to 11.1%. **PASSED**

Baseline: 8.2% established in FFY 2002 through N-FOCUS. **FFY 2003: 16.70% FFY 2004: 14.1%**

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
9.1. Develop policy regarding timely initiation and completion of home studies of adoptive parents	Margaret Bitz	Item 9. Adoption (9.13)	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning, Special Needs Adoption, and Family Centered Practice	06/04	08/04	
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	08/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Training conducted on written policy and practice in conjunction with overall training on case planning managers and supervisors	08/04	12/04	5th Quarter: Policy directive was issued in December of 2004. Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.
			4. Written policy disseminated through Administrative Memo to Resource Development Administrators.	10/04	12/04	5th Quarter: Administrative memo was sent to the field in December 2004.
			5. Policy implemented statewide.	10/04	12/04	5th Quarter: Policy implemented in December 2004

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
9.2. Develop a report that monitors timely initiation and completion of home studies of adoptive parents	Terri Farrell	Item 9. Adoption (9.14)	1. Conduct case reviews on a sample of cases to monitor timely initiation and completion of home studies. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	12/04	12/04 See 31.5	<p>5th Quarter: Mary Dyer, NE Adoption Specialist conducted a case read of adoptive home studies in December 2004. The information gathered through the case read will be put into a report and should be available for workers and supervisors in January 2005.</p> <p>Continued case reads for this item will be incorporated into 31.5 Develop and implements a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005</p> <p>6th Quarter: The case read in December 2004 consisted of 35 home studies across the State of Nebraska. 10 files in the Eastern and Southeast Service Area with 5 in the remaining service areas. The cases for the review were selected at random and covered the timeframe from 1 in 1998 through home studies completed in 2004.</p>
			2. Develop and implement standardized supervisor oversight process to monitor compliance with timely initiation and completion of home studies of adoptive parents.	12/04	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.</p>
			3. Establish baseline regarding the timely initiation and completion of home studies of adoptive parents.	12/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Establish targeted improvements based on baseline	12/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
	Margaret Bitz		5. Amend current home study contracts to address the timely initiation and completion of home studies of adoptive parents.	07/05	6/05	<p>6th Quarter: Request extension to 7/05 when new contracts are issued</p> <p>ACF Office approved extension request</p> <p>7th Quarter: A Program Memo was issued that establishes a timeframe for completion of the various types of home studies. Memo was sent to Resource Development Administrators informing them that they had to amend their current home study contracts to include time frames for completion that cannot super cede the requirements in the Program Memo.</p>
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety. QA protocol.	01/05 and ongoing	10/04	<p>5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.</p>
9.3. Strengthen policy and practice regarding the transfer of cases in a timely manner including the early involvement of adoption workers when adoption becomes the goal for the child for those Service Areas that have workers with specialized adoption training.	Margaret Bitz	Item 9. Adoption (9.15)	1. Policy developed by HHSS.	07/04	07/04	<p>6th Quarter: In December 2004, the Special Needs Adoption Child Welfare Resource Center came to Nebraska and provided training.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Training developed by HHS Staff.	08/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	08/04	12/04	5th Quarter: Policy directive was issued in December 2004. Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	08/04	12/04	5th Quarter: Documentation of policy changes being shared will occur in the each supervisor's supervisory notebook.
			5. Written policy disseminated through Administrative Memo.	09/04	12/04	5th Quarter: Administrative memo was sent to the field in December 2004.
			6. Policy implemented statewide.	09/04	12/04	5th Quarter: Policy implemented in December 2004
9.4. Develop and implement methods for monitoring transfer of cases in a timely manner.	Terri Farrell	Item 9. Adoption (9.16)	1. Develop an N-FOCUS report that monitors the transfer of cases.	09/04	Delete	5th Quarter: Request to delete this benchmarks 1 and 2. An N-FOCUS report cannot be created to monitor the transfer of cases. It is not possible to know what cases to transfer or which workers should transfer cases therefore this benchmark is not applicable. The method for monitoring the transfer of cases in a timely manner will occur through the supervisory oversight and the NE CFSR. See 9.4.3 and 9.4.4.
			2. Provide supervisors and managers with report on a monthly basis.	09/04	Delete	5th Quarter: See 9.4.1

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Develop and implement standardized supervisor oversight process to monitor compliance with transfer of cases in a timely manner.	09/04	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.</p> <p>6th Quarter: In the areas in which there are specialized adoption units or workers, the supervisory tool used during the monthly meeting will include whether the transfer of a cases occurred in a timely manner.</p>
			4. Conduct case reviews on a sample of cases to monitor timely transfer of cases. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	10/04	See 31.5	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.</p>
			5. Establish baseline to monitor timely transfer of cases.	10/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			6. Establish targeted improvements based on baseline.	10/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	10/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.
9.5. Develop policy and practice for listing legally available children on adoption exchanges	Margaret Bitz	<i>Item 9. Adoption (9.17)</i> <i>Item 45-Process for effect cross jurisdictional resources to facilitate timely adoptions or perm placements (45.1)</i>	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning, Special Needs Adoption, and Family Centered Practice.	01/03	01/03	
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's. Training will include the writing of adoption profiles for posting on the exchanges.	7/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Training conducted on written policy and practice in conjunction with overall training on case planning. Managers and supervisors will conduct training with technical assistance from the NRC.	7/04	8/04	5th Quarter: Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Training sign in sheets will be submitted to the PSA for the staff in the area.	7/04	8/04	5th Quarter: Documentation of policy changes being shared will occur in the each supervisor's supervisory notebook.
			5. Written policy disseminated through Administrative Memo.	8/04	08/04	
			6. Policy implemented statewide.	8/04	08/04	
9.6. Develop and implement a method to monitor whether children available for adoption are placed on the adoption exchanges	Terri Farrell	Item 9. Adoption (9.18) <i>Item 45</i> -Process for effect cross jurisdictional resources to facilitate timely adoptions or perm placements (45.2)	1. Provide supervisors with a monthly report on the children available for adoptions that are not currently placed in adoptive homes.	03/03	03/03	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Develop and implement standardized supervisor oversight process to monitor compliance with children available for adoption being placed on adoption exchanges.	04/04	04/04	<p>6th Quarter: The contracts were through a grant from AdoptUSKids and they ended in December 2004. Currently, we are evaluating the quality and usefulness of contracting this work.</p> <p>Also, we are doing an Adoption Survey that supervisors and/or administrators were to brief workers. It was stressed within the note that obtaining Permanency for youth is a top priority. We asked for 45 minutes of the worker's time to complete a survey that will assist in the identification of barriers and the development of strategies related to Adoption issues. We adapted a survey we received from AdoptUSKids, and after the survey has been returned we extrapolated the data we need, and will forward them on to AdoptUSKids. We will evaluate the information obtain through this survey to determine further steps needed to improve Adoption within the state.</p>
			3. Conduct case reviews on a sample of cases to determine compliance on placing children on the adoption exchange. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04	07/04	<p>5th Quarter: The continued progress on this benchmark will be incorporated into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Establish baseline to determine compliance with placing children available for adoption on the adoption exchange.	09/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			5. Establish targeted improvements based on baseline.	09/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing	10/04	<p>5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.</p>
9.7. Secure additional resources to support adoption activities.	Margaret Bitz	Item 9. Adoption (9.19)	1. Grant application completed and submitted to the National Adoption Exchange.	07/03	06/03	
			2. If grant is received, implement the grant activities to support placing children available for adoption on the adoption exchanges.	07/04 and ongoing	07/04	
			3. Identify other potential resources to support adoption activities.	03/04	5/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
9.8. Collaborate with County Courts and Attorneys to support permanency for state wards by working with the courts to: <ul style="list-style-type: none"> • Locate and assess other relatives as potential placements; • File for termination of parental rights within ASFA guidelines. • Obtain adoption finalizations in a timely manner. 	Margaret Bitz	<i>Item 9. Adoption (9.20)</i> <i>Item 28-Process for termination of parental rights in accordance to ASFA (28.3)</i>	1. In collaboration with the NRC's for Legal and Judicial Issues and HHS Legal Services. Analyze and identify barriers and recommend actions for legal services to support permanency. Implement recommendations identified for improving legal services to support permanency.	5/04	5/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Monitor the implementation of the recommended actions to assure recommendations are implemented and that permanency is being supported through the identified changes.	12/04	12/04	<p>6th Quarter: Request to eliminate this action step and related benchmarks should have been made during the 5th quarter as the Department's legal division consults on cases but does not carry caseloads and manage cases directly. This case management regarding legal issue is handle by the County Attorney System.</p> <p>7th Quarter: The development of the expedited preliminary protective custody hearings has involved judges, county attorneys, HHS legal and administrative staff and other stakeholders. Because of the positive reaction in Lancaster County by judges, HHS staff, families, the county attorney, and parents' attorneys to having expedited preliminary protective custody hearings, Douglas County instituted a similar practice in July, 2004. All five judges there began to set aside certain times to hold a hearing within a week of removal of a child from home. Prior to the hearing, all parties are expected to meet, often in conjunction with a Family Group Conference, to develop an initial plan for the earliest possible return home of the child, or placement with another relative if that is possible.</p> <p>On January 6, 2005, Chief Justice John V. Hendry announced the formation of the Supreme Court Commission on Children in the Courts. The Commission, co-chaired by Judge Everett, Chief Judge of the Court of Appeals and Douglas County Separate Juvenile Court Judge Doug Johnson, consists of judges, lawyers, representatives of the legislative and executive branches and children's advocates. The initial goal of the Commission is to begin a study of appropriate steps for the judicial system to undertake to insure that the court system is as responsive as possible for children who interact with or are directly affected by the courts. The first priority is to research the effectiveness of legal representation of children within the system, including developing standards and training protocols for lawyers who represent children in abuse and neglect cases and in cases involving juvenile delinquency. The Commission also will explore the possibility of specialized family courts, ways in which welfare agencies and volunteers can work together, and the effectiveness of drug courts. Nancy Montanez, HHS Director, sits as a member of the Commission. The Commission also has</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Collaborate with CIP and HHS Legal Services on strategies to overcome identified barriers.	12/04 and ongoing	12/04	<p>6th Quarter: Request to eliminate this action step and related benchmarks should have been made during the 5th quarter as the Department's legal division consults on cases but does not carry caseloads and manage cases directly.</p> <p>7th Quarter: The development of the expedited preliminary protective custody hearings has involved judges, county attorneys, HHS legal and administrative staff and other stakeholders. Because of the positive reaction in Lancaster County by judges, HHS staff, families, the county attorney, and parents' attorneys to having expedited preliminary protective custody hearings, Douglas County instituted a similar practice in July, 2004. All five judges there began to set aside certain times to hold a hearing within a week of removal of a child from home. Prior to the hearing, all parties are expected to meet, often in conjunction with a Family Group Conference, to develop an initial plan for the earliest possible return home of the child, or placement with another relative if that is possible</p> <p>The court collaboration teams continue to meet on a regular basis to monitor implementation, including discussion of ways to remove any barriers that arise.</p>
9.9 Develop and implement methods for measuring compliance requiring characteristic fields to be completed for children and foster parents.	Margaret Bitz		1. Require N-FOCUS use of child and provider characteristics fields to activate existing N-FOCUS matching capabilities	06/04	See 6.10	<p>5th Quarter: Through the renegotiation of the PIP, it was agreed that this benchmark is not necessary as this is included in the Foster and Adoptive Parent Retention and Recruitment Plan that was developed in 6.10.</p> <p>6th Quarter: Benchmarks 9.9.1 and 9.9.2 were not approved to be deleted by the ACF office.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Develop an exception report on N-FOCUS that identifies characteristic fields is completed for all children and foster parents.	09/04	See 6.10	5th Quarter: Through the renegotiation of the PIP, it was agreed that this benchmark is not necessary as this is included in the Foster and Adoptive Parent Retention and Recruitment Plan that was developed in 6.10.
			3. Develop and implement standardized supervisor oversight process to monitor compliance with requiring characteristic fields to be completed for children and foster parents on N-FOCUS.	10/04	10/04	5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.
			4. Provide supervisors and managers with reports on a monthly basis	09/04	See 6.10	5th Quarter: Through the renegotiation of the PIP, it was agreed that this benchmark is not necessary as this is included in the Foster and Adoptive Parent Retention and Recruitment Plan that was developed in 6.10.

Item 10. Permanency goal of other planned permanent living arrangement

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
10.1. Strengthen policy and practice regarding Independent Living Plans for children 16 years of age and older.	Mark Mitchell	Item 10. Other planned permanent living arrangement. (10.1)	1. Policy developed by HHSS and in collaboration with the NRC on Youth Development.	07/04	07/04	
			2. Training developed by HHS Staff.	07/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Written policy disseminated through Administrative Memo.	3/05		6th Quarter: Extension requested to 3/05 to coincide with the release of case planning policy. This request should have been made during the 5 th quarter. ACF Office approved extension request. 7th Quarter: Administrative memo to be issued in June 2005.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	4/05		<p>5th Quarter: Request extension to 12/04 when the policy directive is issued See 10.1.3. Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.</p> <p>6th Quarter: Extension requested to 4/05 to coincide with the release of case planning policy. This request should have been made during the 5th quarter. . In step 17, these subsequent benchmarks have extension dates of 4.05.</p> <p>ACF Office approved extension request.</p> <p>7th Quarter: Training will occur within 30 days of the Administrative memo being issued. Memo is anticipated to be issued in June 2005. Training will occur in June and July 2005</p>
			5. Policy implemented statewide.	4/05		<p>6th Quarter: Extension requested to 4/05 to coincide with the release of case planning policy. This request should have been made during the 5th quarter.</p> <p>7th Quarter: The administrative memo is anticipated to be issued in June 2005 with the effective date of July 2005.</p>
10.2. Clarify expectations of foster parents/resource families regarding the assessment and development of independent living plans for children 16 years of age and older.	Todd Reckling	Item 10. Other planned permanent living arrangement (10.2)	1. Identify expectations in collaboration with NFAPA.	3/04	03/04	
			2. Communicate expectations to staff and foster parents through memo to staff, letter to foster parents, and an article in the NFAPA newsletter.	07/04	07/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Incorporate independent living expectations into foster parent orientations, pre-service training, ongoing training and foster parent conferences	10/04	10/04	5th Quarter: Expectations have been incorporated into trainings and the foster parent conferences.
10.3. Issue communication to staff about the responsibilities of the independent living contractor.	Todd Reckling	Item 10. Other planned permanent living arrangement (10.3).	1. Communication written and distributed	1/04	12/03	
10.4. Support Tribal activities for the assessment and development of independent living plans for tribal youth 16 years of age or older.	Todd Reckling	Item 10. Other planned permanent living arrangement. (10.4)	1. Renew contract with Central Plains Center for Services, specifying tribal set aside for independent living services and activities	10/03	10/03	
			2. Support Tribal youth counsel and annual Tribal youth conference via a grant to the Nebraska Children and Family Foundation.	01/04	02/04	
10.5. Develop and implement methods to monitor children 16 and older who do not have independent living plans.	Terri Farrell	Item 10. Other planned permanent living arrangement.(10 .5)	1. Develop an N-FOCUS report that identifies youth 16 and older that do not have an independent living plan.	11/04	12/04	5th Quarter: In December 2004 an N-FOCUS report was developed for staff that identifies youth 16 and older that do not have an independent living plan.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with children 16 or older who do not have independent living plans.	11/04	10/04	5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Provide supervisors and managers with reports on a monthly basis	12/04	03/05	<p>5th Quarter: Extension Requested to 12/04. The report generated will be distributed to staff as soon as directives for next steps are identified.</p> <p>6th Quarter: Reports have been sent to supervisors and managers with the following directives outlined: -inform the case managers of the federal requirement and need to have independent living plans documented on NFOCUS - Share copies of the ILP monthly reports indicating which state wards age 16 and over who do not have a current ILP documented on NFOCUS -continue this process using the reports to improve compliance -correct NFOCUS by making sure those youth with plans has been properly indicated in the system -If a youth requires a plan and the case manager needs assistance, they are to call the Independent Living Coordinator, Mark Mitchell for assistance</p>
			4. Conduct case reviews on a sample of cases to determine if the timely and appropriate re-assessment of permanency goals is occurring. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	12/04	See 31.5	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.</p>
			5. Establish baseline of youth that do not have independent living plans.	11/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			6. Establish targeted improvements based on baseline	11/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	12/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.

Outcome P2: The continuity of family relationships and connections is preserved for children.

GOAL: Nebraska will increase the continuity of family relationships and preserved connections for children. Progress in obtaining the overall goal will be evaluated through established measures and progress made in the items associated with this outcome. .

Item 13. Visiting with parents and siblings in foster care

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
13.1. Develop and implement Resource Family Model (foster family) and policies to support and promote bonding and visitation between parents and children in resource family home	Chris Hanus	Item 13. Visiting with parents and siblings in foster care. (13.5) Item 16. Relationship of child in care with parents. (16.4)	1. Design model policy & practice in collaboration with the NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning	06/04	06/04	
			2. Recruit and identify potential resources families that reflect the child's racial and ethnic backgrounds	09/04	See 6.10	5th Quarter: Through the PIP renegotiations it was determined that 6.12 and the associated benchmarks 1-5, are being addressed in 6.10. The response to this does not seem right. Also for 13.2.1 through 6.
13.2. Conduct training for resource families and staff.		Item 13. Visiting with parents and siblings in foster care. (13.65) Item 16. Relationship of	1. Develop training in collaboration with NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04	See 6.10	5th Quarter: Through the PIP renegotiations it was determined that 13.2 and the associated benchmarks 1-5, are being addressed in 6.11.

		child in care with parents. (16.5)				
			2. Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	12/04	See 6.10	5th Quarter: See 13.2.1
			3. Train staff on written policy. Training to be conducted by managers.	12/04	See 6.10	5th Quarter: See 13.2.1
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04	See 6.10	5th Quarter: See 13.2.1
			5. Policy Implemented	12/04	See 6.10	5th Quarter: See 13.2.1
			6. Monitor progress quarterly to achieve recruitment goal.	01/05 and ongoing		
13.3 Strengthen policy and practice to mandate monthly quality visits, at a minimum between children and their families or more frequently based on identified needs to assure timely progress is being made towards permanency	Margaret Bitz		1. Policy developed by HHSS and in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning	10/04	11/04	5th Quarter: The policy requires monthly visits between children and their own family.
			2. Training developed by HHS Staff.	10/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Training conducted on written policy by managers and supervisors.	4/05	6/05	5th Quarter: Request extension to 1/05 when the policy directive is issued See 13.3.4. Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared. 6th Quarter: Request extension to 4/05. The draft policy has been written and forwarded to the ACF office. Since the draft policy will not be going to public hearing for sometime and program memo will be issued. The requested extension is to allow time to put the draft

						<p>policy into the program memo format to be forwarded to the field.</p> <p>ACF Office approved extension request.</p> <p>7th Quarter: Training will occur within 30 days of the Administrative memo being issued. Memo is anticipated to be issued in June 2005. Training will occur in June and July 2005</p>
			4. Written policy disseminated through Administrative Memo.	4/05	6/05	<p>5th Quarter: Extension requested to 1/05. The dissemination of the administrative memo will occur with the dissemination of the guardianship administrative memo.</p> <p>6th Quarter: Request extension to 4/05. The draft policy has been written and forwarded to the ACF office. Since the draft policy will not be going to public hearing for sometime and program memo will be issued. The requested extension is to allow time to put the draft policy into the program memo format to be forwarded to the field.</p> <p>ACF Office approved extension request.</p> <p>7th Quarter: Administrative memo to be issued in June 2005.</p>
			5. Policy implemented statewide.	4/05	6/05	<p>5th Quarter: Extension requested to 1/05 to coincide with 13.3.4.</p> <p>6th Quarter: Request extension to 4/05. The draft policy has been written and forwarded to the ACF office. Since the draft policy will not be going to public hearing for sometime and program memo will be issued. The requested extension is to allow time to put the draft policy into the program memo format to be forwarded to the field.</p> <p>ACF Office approved extension request.</p> <p>7th Quarter: The administrative memo is anticipated to be issued in June 2005 with the effective date of July 1, 2005.</p>
13.5 Develop and implement methods to monitor timely and quality visits between children and their parents and siblings	Margaret Bitz		1. Develop N-FOCUS report that monitors compliance with visitation policies.	11/02	11/02	<p>6th Quarter: Request deletion of this benchmark as we are not tracking this information in N-FOCUS and therefore cannot generate a report. The creation of this report was to provide supervisors a mechanism to monitor the occurrence of these visits. Monitoring will occur through the NE CFSR process,</p>
			2. Develop and implement standardized supervisor oversight process to monitor compliance with timely visits between children and their parents and siblings	09/03	09/03	

			3. Conduct case reviews on a sample of cases to monitor the quality of visits between children and their parents. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	09/04	See 31.5	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.
			4. Establish baseline on compliance with visitation policy.	09/04	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR. ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.
			5. Establish targeted improvements based on baseline	09/04	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline. ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.

Item 14. Preserving connections

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
14.1. Strengthen policy and practice Regarding ICWA to include Tribal notification and maintenance of their	Shirley Pickens-White	Item 14. Preserving Connections. (14.4)	1. Policy developed by HHSS in collaboration with the ICWA Specialists and NICWA.	7/05		6th Quarter: Request extension to 7/05. Draft policy has been developed and will be submitted to management in March 2005 for their approval. ACF Office approved extension request..

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
cultural beliefs, customs and traditions						
			2. Training developed in collaboration with ICWA specialists.	12/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	7/05		<p>5th Quarter: Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.</p> <p>6th Quarter: Request extension to 7/05. Although the new policy has not been issued through administrative memorandum, staff continues to be trained in ICWAS notification and placement preferences through our contracted ICWA consultants.. In April 2005, the Northern and Central Service Area staff will receive training. The ICWA consultant will also begin providing new worker training around these issues.</p> <p>ACF Office approved extension request.</p>
			4. Documentation of policy changes will occur in each supervisor's supervisory notebooks.	7/05		<p>5th Quarter: Documentation of policy changes being shared will occur in the each supervisor's supervisory notebook.</p> <p>6th Quarter: Request extension to 7/05</p> <p>ACF Office approved extension request.</p>
			5. Written policy disseminated through Administrative Memo.	7/05		<p>6th Quarter: Request extension to 7/05</p> <p>ACF Office approved extension request.</p>
			6. Policy implemented statewide.	7/05		<p>6th Quarter: Request extension to 7/05</p> <p>ACF Office approved extension request.</p>
14.2. Develop and implement methods to measure ICWA compliance to determine	Shirley Pickens-White	Item 14. Preserving Connections (14.5)	1. Case reviews are conducted by contracted ICWA specialists	2/04	2/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
progress in meeting the goal of preserving connections						
			2. Establish baselines on ICWA notification and placement with ICWA preferences.	12/04	2/05	<p>6th Quarter: The baseline for ICWA notification and placement with ICWA preferences was established through a case read completed in 2002 and are as follows:</p> <ul style="list-style-type: none"> • Documentation of Tribal membership: 49% • Documentation of Tribal notification: 19% • Placement Preference Followed: 25% <p>Case Reads conducted in 2003 showed the following improvements:</p> <ul style="list-style-type: none"> • Documentation of Tribal membership: 60% • Documentation of Tribal notification: 68% • Placement Preference Followed: 60%
			3. Develop and implement standardized supervisor oversight process to monitor compliance with ICWA policies.	12/04	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.</p>
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/05 and ongoing	10/04	<p>5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.</p>
14.3. Implement contract language changes to require due diligence in securing culturally competent service providers.	Sherri Haber	Item 14. Preserving Connections (14.6)	1. Contract language incorporated in current and future contracts.	7/03 and ongoing	07/03	
14.4 Develop and implement methods to	Margaret Bitz	Item 14. Preserving	1. Conduct case reviews on a sample of cases to monitor the quality of visits	06/04	05/04	<p>5th Quarter: Request to incorporate this action step and associated benchmarks 1-5 into 31.5 Develop and implement</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
monitor placement of children and proximity to parents.		Connections (14.11)	between children and their parents. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols			and NE CFSR. We will capture the data through the review process and not a report. 6th Quarter: The 5 th quarter request is incorrect. We are requesting to delete this action step and related benchmarks as we cannot capture this data in an N-FOCUS report. The reason for this action step was to produce a report that supervisors could use to provide oversight. Since the creation of the report cannot occur, the oversight necessary for this evaluating the placement of children are their proximity to their parents and school is currently being captured in the cased reads occurring in the ICCUs. 7th Quarter: The action step and benchmarks were changed with ACF office approval to correctly reflect what is occurring. Case reads for the ICCUs are currently capturing the placement of children in proximity to their parents and school.
			2. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/05	See 31.5	5th Quarter: See 14.4 .1

Item 15. Relative Placement

All Action Steps and Benchmarks for this item are included in other items.

Item 16. Relationship of child in care with parents

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
16.1. Collaborate with the Nebraska Children and Families Foundation on the Fatherhood Initiative.	Mark Mitchell	<i>Item 16. Relationship of child in care with parents. (16.6)</i>	1. Renew contract with Nebraska Children and Families Foundation for a Fatherhood Initiative.	11/03	12/03	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
		<i>Item 17- Needs and services of child, parents and foster parents (17.1)</i>				
			2. Send communication to fathers of state wards about fatherhood initiative and available resources in collaboration with the Nebraska Children and Families Foundation.	08/04	08/04	
			3. Conduct in-service training for staff across the state on fatherhood initiative. Training to be conducted by the Nebraska Children and Families Foundation.	09/04	4/05	<p>5th Quarter: Through the PIP renegotiation, it was agreed that this benchmark is not necessary as this will occur through the training on family centered practice.</p> <p>6th Quarter: Train the trainers for Family Centered Practice was completed in November 2004. These trainers will train all workers- which began in February 2005 with the anticipation to be completed this year. By April 2005 the first round of FCP training for all supervisors, administrators and managers has been completed.</p>
			4. Research other states' supports for non-custodial fathers to identify tools and resources	09/04	11/04	<p>5th Quarter: [a1]During the PIP renegotiation it was agreed that given our resources the other benchmarks within this action step would have more impact in moving us towards the outcome.</p>
16.2 Strengthen policy and practice regarding visits between parents and children and between siblings including supervised and non-supervised visits. This would include encouraging parents to participate in medical appointment and school events.	Margaret Bitz		1. Policy developed by HHSS and in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning	08/04	08/04	<p>3rd Quarter: Request extension to 8/04. A review of the Case Management Guidebook has shown that already-existing direction is clear on the importance of visitation between parents and child, including expectations of minimum frequency of contact, discussion of having telephone calls and letters when necessary, guidance on use of supervision of visits only when necessary due to risk to the child, and rationale for having frequent visits. This guidebook addresses planning for the parent to be involved in the child's school activities and in medical appointment. It also addresses the necessity for sibling contacts. However, the material needs to be revisited from the standpoint of family-centered practice. This revision will be done after central office staff who develop policy complete their training on family-centered practice on June 23 and 24, 2004.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						4th Quarter: Draft policy is developed. A review of current policy shows that it already addresses encouraging parents to participate in school events and medical appointments.
			2. Training developed by HHS Staff.	09/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	4/05	6/05	<p>5th Quarter: Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.</p> <p>6th Quarter: Request extension to 4/05. The draft policy has been written. Since the draft policy will not be going to public hearing for sometime and program memo will be issued. The requested extension is to allow time to put the draft policy into the program memo format to be forwarded to the field.</p> <p>7th Quarter: Training will occur within 30 days of the Administrative memo being issued. Memo is anticipated to be issued in June 2005. Training will occur in June and July 2005</p>
			4. Documentation of policy changes will occur in each supervisor's supervisory notebooks.	4/05	6/05	<p>5th Quarter: Documentation of policy changes being shared will occur in the each supervisor's supervisory notebook.</p> <p>6th Quarter: Request extension to 4/05. The draft policy has been written and forwarded to the ACF office. Since the draft policy will not be going to public hearing for sometime and program memo will be issued. The requested extension is to allow time to put the draft policy into the program memo format to be forwarded to the field.</p> <p>7th Quarter: Training will be documented in the supervisor's supervisory notebook when training has occurred and is anticipated to occur in June and July 2005</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Written policy disseminated through Administrative Memo.	4/05		<p>6th Quarter: Request extension to 4/05. The draft policy has been written and forwarded to the ACF office. Since the draft policy will not be going to public hearing for sometime and program memo will be issued. The requested extension is to allow time to put the draft policy into the program memo format to be forwarded to the field.</p> <p>7th Quarter: Administrative memo to be issued in June 2005.</p>
			6. Policy implemented statewide.	4/05	6/05	<p>6th Quarter: Request extension to 4/05. The draft policy has been written and forwarded to the ACF office. Since the draft policy will not be going to public hearing for sometime and program memo will be issued. The requested extension is to allow time to put the draft policy into the program memo format to be forwarded to the field.</p> <p>7th Quarter: The administrative memo is anticipated to be issued in June 2005 with the effective date of July 1, 2005.</p>
16.3 Develop a method to measure visits between children and their parents and siblings.	Margaret Bitz		1. Conduct case reviews on a sample of cases to monitor the quality of visits between children and their parents. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols	04/05	See 31.5	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.</p>
			2. Establish baseline on compliance with visitation policy.	04/05	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			3. Establish targeted improvements based on baseline	04/05	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			4. Develop and implement standardized supervisor oversight	12/04	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			process to monitor compliance with visitation policy.			Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety	04/05 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

GOAL: Nebraska will increase its efforts in enhancing families capacity to provide for the children's needs.

Progress in obtaining the overall goal will be evaluated through established measures and progress made in the items associated with this outcome.

Item 17. Needs and services of child, parents, foster parents

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
17.1. Strengthen case planning policy and practice to ensure: <ul style="list-style-type: none"> needed services are identified in the comprehensive assessment process and provided to the family as well as the non-custodial parent; children, parents and support networks are included in initial case plan development and 	Margaret Bitz	<i>Item 17 – needs and services of child, parents, and foster parents. (17.4)</i> <i>Item 18- child and Family involvement in case planning (18.3),</i> <i>Item 25- Process that ensures that each child has a written case plan developed jointly with child and</i>	1. Policy developed in collaboration with the NRC's for Child Maltreatment, Foster Care and Permanency Planning and Family Centered Practice	03/05	5/05	5th Quarter: Extension requested to 3/05 to allow more time to develop. Focus has been on the Intake policy and comprehensive assessment. ACF Office approved extension request. 7th Quarter: Policy is in draft and has had its initial review for the policy's inclusion with family centered practice. The second draft has been completed to incorporate the family centered practice and clarifying who is involved in decision making when a child is free for adoption. The second needs to be reviewed with the NFP management team for approval and then can be issued.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
ongoing reassessment of the case plan •		parents (25.1)				
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families and the Law (CCFL) and NRC's	09/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	04/05		5th Quarter: Request extension to 4/05 when the policy directive is issued See 17.1.4 Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared ACF Office approved extension request. 7th Quarter: Training will occur within 30 days of the Administrative memo being issued. Memo is anticipated to be issued in July 2005. Training will be completed before August 15, 2005.
			4. Documentation of policy changes will occur in each supervisor's supervisory notebooks.	04/05		5th Quarter: Request extension to 4/05 when the policy directive is issued See 17.1.4 Documentation of policy changes being shared will occur in the each supervisor's supervisory notebook. ACF Office approved extension request. 7th Quarter: Training will be documented in the supervisor's supervisory notebook when training has occurred .
			5. Written policy disseminated through Administrative Memo.	04/05		5th Quarter: Request extension to 4/05 to follow request in 17.1.1.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						ACF Office approved extension request. 7th Quarter: Administrative memo to be issued in July 2005.
			6. Policy implemented statewide.	04/05		5th Quarter: Request extension to 4/05 to follow request in 17.1.1. ACF Office approved extension request. 7th Quarter: The administrative memo is anticipated to be issued in July 2005.
17.2. Develop and implement methods for measuring compliance with policy regarding case plans <ul style="list-style-type: none"> Involvement of appropriate people in case planning process 	Terri Farrell	<i>Item 17 – needs and services of child, parents, and foster parents. (17.5)</i> <i>Item 18- child and Family involvement in case planning (18.4),</i> <i>Item 25- Process that ensures that each child has a written case plan developed jointly with child and parents (25.2)</i>	1. Provide supervisors and managers with reports on a monthly basis	07/02	07/02 and ongoing	.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with case plans.	10/04	10/04	5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.
			3. Establish baseline regarding the	07/03	06/02	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			case planning policy for involving the appropriate people in the process.			
			4. Conduct case reviews on a sample of cases to monitor the involvement of the appropriate people in the case planning process. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols. (From 18.4.1)	07/04	03/04	
			5. Establish targeted improvements based on baseline.	08/03	06/02	
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	08/03 and ongoing	08/02	
17.3. Develop and provide supports to foster, relative and adoptive parents to meet identified needs.	Chris Hanus	<i>Item 17</i> – needs and services of child, parents, foster parents (17.6) <i>Item 29</i> - Process for foster parents, pre-adoptive parents and relative caregivers to be notified and have opportunity to be heard in any review or hearing	1. Renew contract with the Nebraska Foster Parent Association to provide mentoring supports.	07/03	07/03	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
		<i>Item 44-</i> Process to ensure diligent recruitment and retention of potential foster and adoptive parents (44.4)				
			2. Conduct foster parent surveys in collaboration with NFAPA. <ul style="list-style-type: none"> To determine support issues; and whether or not they have been invited to and actively participated in reviews / hearings. 	1/04	1/04	
			3. Analyze information from the foster parent survey to identify retention needs	5/04	05/04	
			4. Establish baseline of foster parent satisfaction identified through the survey in collaboration with NFAPA.	5/04	05/04	
			5. Establish targeted improvements based on baseline	5/04	05/04	
			6. Redesign respite care support program	09/04	11/04	5th Quarter: This benchmark was established under the assumption that a respite care support program is what foster parents would identify as a needed support. It was evident through the foster parent survey that a respite care program is not a support they identified as a need. This benchmark is not necessary, as we will build supports based upon needs identified by foster parents through the survey.
			7. Implement respite care support program.	10/04	11/04	5th Quarter: See 17.3.6
			8. Reassess foster parent satisfaction by conducting follow-up surveys.	01/05	Eliminate d	6th Quarter: A follow-up survey was not conducted by NFAPA. The NFAPA Director has resigned and the organization is in the process of hiring. Upon hiring of the

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
18.1. Incorporate wrap around principals into all policy revisions including decisions and linkages, initial safety check, discovering strengths, and convening a family team.	Todd Reckling	<i>Item 18. Child and family involvement in case planning (18.7)</i> <i>Item 25- Process that ensures that each child has a written case plan developed jointly with child and parents (25.7)</i>	1. In collaboration with the NRC's, all policies are developed and strengthened to incorporate the wrap around principals.	02/03 and ongoing	02/03 to 10/03	
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	07/04	07/04	
18.2 Develop and implement methods for measuring quality of case plans	Terri Farrell		1. Identify standards of quality and methods of measurement of quality of case plans.	10/04	See 31.5	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with having quality case plans.	10/04	10/04	5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.
			3. Implement methods of measurement on the quality of case plans.	10/04	See 31.5	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.
			4. Develop and implement a corrective action plan for areas not meeting	10/04 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.			Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.

Item 19. Worker visits with child

Goal Negotiated Measure; % of Improvement: By 7-1-05 Protective Service Workers will increase monthly visitation with children from 60% of the applicable case reviewed to 75%.

Baseline: 60% established during the CFSR

Method of Measuring Improvement: N-FOCUS

Visits with Children:

1st Qtr – 69.8%

2nd Qtr – 67%

The 2nd quarter data included Veteran's Day, Thanksgiving and the Christmas holidays, as well as staff leave, which did impact the outcomes.

6th Quarter: Information reported is for January 2005 only. Visits with Children: 65.4% Request that targeted improvement to be 70% ACF Office denied.

7th Quarter: Visits with Children: 3rd qtr (Jan-Mar 05) 67.7%
4th qtr (Apr-May 05) 66.9%

Action Steps and Benchmarks for this item are included with other items.

Item 20. Worker visits with parents

Goal Negotiated Measure; % of Improvement: By 7-1-05, Protective Service Workers will increase monthly visitation with parents from 44% of the applicable case reviewed to 65%.

Targeted improvement was negotiated to 41% during the re-negotiation process with the ACF office

Baseline: 44% established during the Federal CFS Review

Method of Measuring Improvement: N-FOCUS

Visits with Parents: Have met PIP target for both quarters.

1st Qtr – 36.4%

2nd Qtr – 41.8%

The 2nd quarter data included Veteran's Day, Thanksgiving and the Christmas holidays, as well as staff leave, which did impact the outcomes.

6th Quarter: Information reported is for January 2005 only. Visits with Parents: 44.1%

7th Quarter: Visits with Parents (PIP target continues to be met):
3rd qtr (Jan-Mar 05) 44.5%
4th qtr (Apr-May 05) 42.7%

Action Steps and Benchmarks for this item are included with other items.

Outcome WB2: Children receive appropriate services to meet their educational needs.

GOAL: Nebraska will increase its effectiveness of ensuring children receive appropriate services to meet their educational needs.

Progress in obtaining the overall goal will be evaluated through established measures and progress made in the items associated with this outcome.

Item 21. Educational needs of the child.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
21.1. Develop standardized case file format to include an educational section and what is to be included in the section.	Sherri Haber	Item 21. Educational needs (21.1)	1. Case file format developed.	04/03	04/03	
			2. Standardized format communicated to staff through Management Memo.	04/03	04/03	
			3. Training developed by HHS Staff.	05/03	05/03	
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	05/03	05/03 and ongoing	
			5. Case file format implemented statewide.	05/03	05/03	
21.2. Strengthen state ward education policy and practice to include defining the Department's role in advocating for appropriate educational assessments and educational records, and follow up with educational recommendations to be documented in the case plan and addressed at the periodic review.	Margaret Bitz	Item 21. Educational needs (21.2)	1. Policy developed by HHSS.	03/05	6/05	<p>5th Quarter: Request extension to 3/05 to coincide with the case planning policy. See 17.1</p> <p>ACF Office approved extension request</p> <p>7th Quarter: State ward education policy was strengthened and is anticipated to be issued by Program memo in June 2005.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Training developed by HHS Staff.	09/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was not necessary for any policy directives.
			3. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	03/05		<p>5th Quarter: Request extension to 3/05 when the policy directive is issued See 21.1.5. Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.</p> <p>ACF Office approved extension request</p> <p>7th Quarter: Training will occur within 30 days of the Administrative memo being issued. Memo is anticipated to be issued in June 2005. Training will occur in June and July 2005</p>
			4 Documentation of policy changes will occur in each supervisor's supervisory notebooks.	03/05		<p>5th Quarter: Request extension to 3/05 when the policy directive is issued See 21.1.5. Documentation of policy changes being shared will occur in the each supervisor's supervisory notebook.</p> <p>7th Quarter: Training will be documented in the supervisor's supervisory notebook when training has occurred and is anticipated to occur in June and July 2005</p>
			5. Written policy disseminated through Administrative Memo.	03/05		<p>5th Quarter: Request extension to 3/05 to coincide with the case planning policy. See 17.1</p> <p>ACF Office approved extension request</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						7th Quarter: Administrative memo to be issued in June 2005.
			6. Policy implemented statewide.	03/05		5th Quarter: Request extension to 3/05 to coincide with the case planning policy. See 17.1 ACF Office approved extension request 7th Quarter: The administrative memo is anticipated to be issued in June 2005 with the effective date of July 1, 2005.
21.3. Develop and implement methods for measuring compliance with policy relating to education of state wards.	Terri Farrell	Item 21. Educational needs (21.3)	1. Conduct case reviews on a sample of cases to monitor compliance with the education policy for state wards. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	10/04	See 31.5	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with the education policy for state wards and to assure that educational records are contained in the file.	10/04	10/04	5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.
			3. Establish baseline to measure compliance with the education policy for state wards.	03/05	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR. ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.
			4. Establish targeted improvements based on baseline.	03/05	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/05 and ongoing	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

GOAL: Nebraska will increase its efforts to ensure children receive adequate services to meet their physical and mental health needs.

Progress in obtaining the overall goal will be evaluated through established measures and progress made in the items associated with this outcome.

Item 22. Physical health of the child

Goal Negotiated Measure; % of Improvement: By 7-1-05, Nebraska will improve its ability in addressing children's health needs from 73% of the applicable cases reviewed to 76%

Baseline: 73% established during the CFSR

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
22.1. Strengthen policy and practice to require the documentation of health, dental and mental health examinations on N-FOCUS.	Margaret Bitz	Item 22. Physical health of child (22.1)	1. Policy developed by HHSS.	06/04	08/04	
			2. Training developed by HHS Staff.	6/04	Delete	5th Quarter: Through the renegotiation of the PIP, it was agreed that the development of a training curriculum was

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						not necessary for any policy directives.
			3. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings..	03/05		<p>5th Quarter: Request extension to 3/05 when the policy directive is issued See 22.1.5. Policy directives will be shared in a variety of ways: e-mail sent to all staff informing them of the policy change; policies and program memos will also be posted to the intranet website. Changes will also be shared during monthly administrator meetings with the expectation that the policy change will be reviewed with their staff at all levels. As a part of the performance accountability plan, each level of management is required to meet individually with staff monthly and quarterly with their teams during which time the policy change will be shared.</p> <p>ACF Office approved extension request</p> <p>7th Quarter: Training will occur within 30 days of the Administrative memo being issued. Memo was issued in June 2005. Training will occur in June and July 2005</p>
			4. Documentation of policy changes will occur in each supervisor's supervisory notebooks.	03/05		<p>5th Quarter: Request extension to 3/05 when the policy directive is issued See 22.1.5. Documentation of policy changes being shared will occur in the each supervisor's supervisory notebook.</p> <p>ACF Office approved extension request</p> <p>7th Quarter: Training will be documented in the supervisor's supervisory notebook when training has occurred and is anticipated to occur in June and July 2005</p>
			5. Written policy disseminated through Administrative Memo.	03/05		<p>5th Quarter: Request extension to 3/05 because the policy cannot be enforced when N-FOCUS capability does not exist. See 22.2.</p> <p>ACF Office approved extension request</p> <p>7th Quarter: Administrative memo to be issued in June 2005.</p>
			6. Policy implemented statewide.	03/05		<p>5th Quarter: Request extension to 3/05 because the policy cannot be enforced when N-FOCUS capability does not exist.</p> <p>ACF Office approved extension request</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						7th Quarter: The administrative memo is anticipated to be issued in June 2005 with the effective date of July 1, 2005.
22.2. Create an automated monthly alert on N-FOCUS that indicates which children are due for a health care or dental examination for Protection and Safety Workers.	Margaret Bitz	Item 22. Physical health of child (22.2)	1. System Investigation Request to require the health care and dental examination date to be entered into N-FOCUS and eliminate the default feature is reviewed and approved	03/05	12/04	<p>1st Quarter: Request extension to 1/04. Discussion with N-FOCUS staff regarding alternatives to creation of an alert is currently taking place.</p> <p>2nd Quarter: Request extension to 6/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions.</p> <p>3rd Quarter: Request extension to 3/05. A review of potential N-FOCUS functions was completed. An alert to remind workers of the need for physical exams already exist, and are not resulting in the desired outcome. Therefore, the decision has been made to include information on dates of medical and dental exams on the supervisory reports. (These are monthly reports for each supervisor that provides important information on each child within his or her supervisory unit.) Although the decision was made early in May to add this data element to the reports, it cannot be added until the July, 2004 release. Additional changes to record more detailed information on N-Focus cannot be completed until the March, 2005 release</p> <p>6th Quarter: The alert reminding workers to obtain a yearly physical and dental for the children on their caseload is still set for the March 2005 release along with the supervisory report. The alert will be generated based on the date of the last physical and dental exam. It will display 60 days and ten 30 days before the last exam plus 1 year.</p> <p>7th Quarter: For clarification purposes, the SIR was written in December of 2004 for the code to be changed.</p>
			2. Change to current system code is made	03/05	3/05	<p>1st Quarter: Request extension to 2/04 based on extension requested above.</p> <p>2nd Quarter: Request extension to 6/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions</p> <p>3rd Quarter: Request extension to 3/05 due to other system</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						priorities for N-FOCUS 7th Quarter: System code was changed eliminating the default feature which now requires the dates to be entered
			3. Code testing is completed and system is stable	03/05	2/05	1st Quarter: Request extension to 2/04 based on extension date requested above. 2nd Quarter: Request extension to 6/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions 3rd Quarter: Request extension to 3/05 due to other system priorities for N-FOCUS 7th Quarter: System codes are tested the month prior to release.
			4. Release notes explaining the change and current requirements is posted in Lotus Notes for workers	03/05	3/05	1st Quarter: Request extension to 3/04 based on extension date requested above. 2nd Quarter: Request extension to 7/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions 3rd Quarter: Request extension to 3/05 due to other system priorities for N-FOCUS 7th Quarter: The release notes were sent in March notifying workers of the new requirements

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
22.3. Develop and implement methods for measuring that health and dental examinations are received as required by policy including follow-up care for identified problems.	Terri Farrell	Item 22. Physical health of child (22.3)	1. Develop an N-FOCUS report that provides information on the child's receipt of health, dental and mental health exams.	03/05	3/05	<p>1st Quarter: Request extension to 4/04 to follow the N-FOCUS change (listed in the action step above) for capturing information in N-FOCUS.</p> <p>3rd Quarter: Request extension to 3/05. A review of potential N-FOCUS functions was completed. An alert to remind workers of the need for physical exams already exist, and are not resulting in the desired outcome. Therefore, the decision has been made to include information on dates of medical and dental exams on the supervisory reports. (These are monthly reports for each supervisor that provides important information on each child within his or her supervisory unit.) Although the decision was made early in May to add this data element to the reports, it cannot be added until the July, 2004 release. Additional changes to record more detailed information on N-Focus cannot be completed until the March, 2005 release.</p> <p>7th Quarter: In March of 2005 information regarding children's dental, health, and mental health exams were added to the supervisory report.</p>
			2. Provide reports to supervisors and managers.	03/05	3/05	<p>7th Quarter: The supervisory report is generated monthly.</p>
			3. Conduct case reviews on a sample of cases to monitor that children are receiving health, dental and mental health examinations as required by policy and based on the child's needs. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	03/05	See 31.5	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in a full scale CFSR in August 2005.</p>
			4. Develop and implement standardized supervisor oversight process to monitor compliance with	03/05	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			children receiving health and dental examinations as required by policy and based on their needs.			monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.
			5. Establish baseline regarding compliance with obtaining health and dental examinations based on policy and the needs of the child.	03/05	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR. ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.
			6. Establish targeted improvements based on the baseline.	03/05	Delete	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvement will be established based on the baseline. ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/05	10/04	5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.
22.4. Clarify expectations to placement providers requiring the need to maintain health and dental care records of children in their care	Margaret Bitz	Item 22. Physical health of child (22.4)	1. Identify expectations in collaboration with NFAPA and provider organizations.	12/04	3/04 and 2/05	6th Quarter: In March 2004 a Guide for Nebraska Foster Families was developed in collaboration with NFAPA. This guide provides expectations to foster families regarding the health care of foster children and what records must be obtained and given to the caseworker. In February 2005 and Resource Guide to Record Keeping was produced and contains information regarding records for medical, dental, eye and mental health. This booklet provides the forms needed for documentation of the foster child's examinations along with a medical history during placement form, medication log and a form to maintain the foster child's appointments and activities.
			2. Communicate expectations to staff, foster parents and provider organizations through a letter or article in the NFAPA and provider organization newsletters.	12/04	3/04 and 2/05	6th Quarter: These expectations have been communicated to foster parents through the NFAPA newsletter, foster parent conferences held annually and through pre-service trainings.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Incorporate health and dental care expectations into foster parent orientations, pre-service training, ongoing training and foster parent conferences.	12/04	3/04 and 2/05	6th Quarter: Expectations have been incorporated into trainings and conferences for foster parents.
			4. Revise current and future contracts with out of home care providers to address the expectations regarding the need to maintain health and dental care records of children in their care.	08/04	08/04	

Item 23. Mental health of the child

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
23.1. Develop a standardized pre-treatment assessment that addresses the child's mental health needs and recommends treatment as needed such as substance abuse, eating disorders, etc.	Margaret Bitz	Item 23. Mental health of child (23.1)	1. Assessment developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	09/03	10/03	
			2. Assessment requirements disseminated to Medicaid providers by Central Office Medicaid.	7/04	8/04	
			3. Training conducted by Medicaid on use of assessment.	7/04	7/04	
			4. Implement use of assessment	7/04	8/04	
			5. Monitor completed assessments to determine that the standardized assessment addresses the child's mental health needs and that appropriate services are being	7/04	8/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			provided.			
23.2. Develop policy regarding when and how to access pre-treatment assessments for mental health issues.	Margaret Bitz	Item 23. Mental health of child (23.2)	1. Policy developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	7/04	09/03	
			2. Written policy disseminated through Administrative Memo.	07/04	10/03	
			3. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and Medicaid.	07/04	10/03	
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	07/04	10/03	
			5. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	07/04	10/03	
			6. Policy implemented statewide.	07/04	10/03	
23.3. Train all PS staff on accessing Medicaid mental health and substance abuse services.	Margaret Bitz	Item 23. Mental health of child (23.3)	1. Training developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	01/04	09/03	
			2. Training conducted by the Office of Protection and Safety in collaboration with Nebraska Medicaid and Magellan Managed Care on accessing Medicaid mental health and substance abuse services.	06/04	10/03	
			3. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	06/04	10/03	

Systemic Factors

Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

Goal: All children will have written case plans that ensure the participation of the child, if old enough, and the child's parent(s).

Action Steps and Benchmarks are included in other items.

Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

Goal: Termination of Parental Rights will be filed in accordance with ASFA requirements.

Method of Measuring Improvement: N-FOCUS

Action Steps and Benchmarks are included in other items.

Item 29. Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

Goal Negotiated Measure; % of Improvement: All relevant parties will be notified and provided the opportunity to be heard in any hearing related to the child.

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
29.1. Strengthen policy and practice regarding the procedures for notifying the court of who is relevant to a particular case and need to be invited to future court proceedings	Chris Hanus	Item 29- Process for foster parents, pre-adoptive parents and relative caregivers to be notified and have opportunity to be heard in any review or hearing (29.1)	1. Policy developed in collaboration with the CIP on procedures for notifying the court of who to invite to court proceedings.	4/05	6/05	<p>5th Quarter: Request to incorporate this action step and associated benchmarks with case planning 17.1. The procedures for notifying the court who the relevant parties are to a case would procedurally fall within the case planning policy and procedure.</p> <p>6th Quarter: The request to incorporate this action step with 17.1 was not approved. Request an extension to 3/05 to coincide with the case planning policy as it was our initial intent to incorporate the two.</p> <p>7th Quarter: Policy was strengthened in June 2005.</p>
			2. Policy disseminated by Administrative Memo.	4/05		<p>5th Quarter: Request to incorporate this action step and associated benchmarks with case planning. See 29.1.1</p> <p>6th Quarter: Request extension to 4/05 to follow 29.1.1.</p> <p>7th Quarter: Administrative memo to be issued in June 2005.</p>
			3. Letter written and disseminated to the courts in collaboration with the CIP reminding them of their responsibility to invite relevant people to hearings.	4/05		<p>5th Quarter: Request to incorporate this action step and associated benchmarks with case planning. See 29.1.1</p> <p>6th Quarter: Request extension to 4/05 to follow 29.1.1.</p>

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
						7th Quarter: Letter is anticipated to be sent in July 2005.
29.2. Develop a design to integrate the Foster Care Review Board Information System with N-FOCUS in order to eliminate discrepancies between the N-FOCUS system and the FCRB information system.	Sherri Haber	<i>Item 25.</i> Provides a process to ensure that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions. (25.8) <i>Item 29-</i> Process for foster parents, pre-adoptive parents and relative caregivers to be notified and have opportunity to be heard in any review or hearing (29.2)	1. Agreement made with Foster Care Review Board to incorporate the Review Board's system needs into N-FOCUS.	12/03	07/03	
			2. Design document developed	06/04	05/04	5th Quarter: This project continues to move forward. There have been recent delays in agreement on Window design. Mediation occurred and the project is back on track. This delay will prevent the meeting of the 7/05 implementation date. The implementation date is now expected in 11/05.

Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

Goal: The State of Nebraska will use standards to ensure that children in foster care are provided with quality services that protect the safety and health

Method of Measuring Improvement: Progress of benchmarks in written Quality Assurance Plan.

Action Steps and Benchmarks are included in other items.

Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Goal: The State of Nebraska will operate an identifiable quality assurance system.

Method of Measuring Improvement: Progress of benchmarks in written Quality Assurance Plan.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
31.1. Develop a framework for Quality Assurance (QA) in collaboration with the NRC for Organizational Improvement and field staff.	Sherri Haber	Item 31. Operating an identifiable quality assurance system. (31.1)	1. Technical Assistance requested.	09/02	09/02	
			2. QA framework developed in collaboration with the NRC for Organizational Improvement.	10/02	12/02 Date Director Approved	
			3. Framework identifies components of Quality Assurance System.	10/02	12/02	
			4. QA Structure and staffing are in place including staffing.	1/05	1/05	<p>5th Quarter: Extension request to 1/05. 7 of the 8 QA Specialist positions have been hired. The only position left to fill is in the Central Service Area due to having to conduct interviews again. Interviews for this position are occurring in December 20, 2004 and hope to be able to hire and have the last position on board in January 2005. Peter Watson, National Center for Organizational Improvement, is being consulted regarding the development and delivery of an initial introductory training of QA.</p> <p>6th Quarter: The QA structure is in place and staff have been hired for all locations.</p>
31.2. Identify or develop practice standards.	Terri Farrell	Item 31. Operating an identifiable quality assurance system (31.2)	1. Review policies and administrative memo's to identify practice standards	06/04	06/04	
			2. Develop other practice standards as	06/04	06/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
			indicated.			
			3. Communicate practice standards to staff and providers.	06/04	06/04	
31.3. Compile and review data resulting from monitoring activities to identify non-conformity with practice standards.	Terri Farrell	Item 31. Operating an identifiable quality assurance system (31.3)	1. Identify monitoring activities.	08/04	06/04	
			2. Gather & analyze reports.	10/04	10/04	5th Quarter: Reports are issued via Lotus notes on a monthly basis to administrators, supervisors and workers to analyze the information at the worker and local level. QA Specialists have begun to analyze the reports to identify trends at the statewide level.
			3. Distribute reports.	10/04	10/04	5th Quarter: Reports are issued via Lotus notes on a monthly basis
31.4. Access monitoring tools necessary to conduct QA activities.	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.4)	1. Request SPSS software purchase through Information Systems and Technology [IS&T]	10/02	08/03	
			2. Software is purchased by IS&T.	08/03	08/03	
			3. Software is installed by IS&T.	08/03	09/03	
31.5. Develop and implement a NE CFS Review	Terri Farrell	Item 31. Operating an identifiable quality assurance system (31.5)	1. Design a NE CFS review process that will include the following: Phase 1-case reads and Phase 2 case reads along with stakeholder interviews.	08/04	08/04	5th Quarter: Based on renegotiation of this benchmark, Nebraska will be implementing the following: Continue with case reads in the ICCUs. Beginning in 1/05 we will go from a 100% review to a 15% review of records in each unit, beginning March 2005 the ICCU case reads will also include interviews with family and children on 2% of all cases reviewed. Also in March 2005, case reviews for traditional cases will begin. The case read tool that has been used incorporates and compliance and quality approach. This tool is based on the Federal CFSR tool.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
			2 Identify reviewers in phase 1 and phase 2 of the case read portion of NE CFSR.	10/04	12/04	5th Quarter: Reviewers for case reads will include the 8 QA coordinators and other identified staff at the ICCUs as well as family organizations.
			3. Implement pilot of phase 1 and 2 in the ICCUs	02/05	1/05	<p>5th Quarter: Request Extension to 2/05 see 31.5.1</p> <p>6th Quarter: Request revised benchmark.</p> <p>Starting January 1, 2005 we will take a sample of 15% of the youth that have been enrolled in ICCU for 6 months. Ex. review for January 2005 would include youth enrolled as of June 2004.</p> <p>-It will include enrolled, transferred, and discharged youth. If a youth's case was transferred to another area- the QA area where the case resides will conduct the case read. (no interviews need to take place)</p> <p>-There will be a minimum of 10 cases reviewed each month.</p> <p>-Each Region will pull their sample. Sample could be broken down to these levels: entire region, office or unit. Once each area decides how they want the sample pulled they will send Terri Farrell the methodology that will be using.</p> <p>-There will not be any changes to the current tool that is being used. We will continue to try and tighten up the definitions in the guidebook.</p> <p>-Also starting in January, the Statewide group has recommended asking Care Coordinators for clarification or help in locating documents in the files. Care Coordinators will be either found in person during the day(s) of the review or contacted by phone. Care Coordinators must respond to the reviewer within 24 hours for consideration to be given to the indicator in question.</p> <p>-The 8 State of Nebraska QA staff will be taking the lead in the reviews and have a special training to come to some level of reliability. It will then be their jobs to train each of the QA ICCU units.</p> <p>-Beginning March 1, 2005 the QA review team will also be conducting interviews with 2% of the 15% of the families, care coordinators, and youth. The youth must be at least 8 years old to participate. If the family refuses, another family</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
						will be chosen. A minimum of 2 sets of interviews will be completed per month. The State of Nebraska QA staff will be taking the lead with the interviews but they will be done in teams of 2.
			4. Evaluate pilot	03/05	3/05	<p>5th Quarter: Request Extension to 3/05 see 31.5.1</p> <p>6th Quarter: Request revised benchmark.</p> <p>ACF Office approved request</p> <p>7th Quarter: In evaluating the pilot of the CFSR it was found that we needed to do further work with reliability of our QA reviewers. We have brought together all 50 of our reviewers and went through a series of examples in order to come to reliability. We also have consulted with Dr. Connie Schnoes, University of Nebraska at Omaha School of Social Work, to help us move forward with our reliability and the understanding of Family Centered Practice. She presented at our training in April about QA in FCP. She will also be presenting at our next training in July.</p> <p>In July we will bring all QA ICCU reviewers together again to complete a case file for training purposes We have updated our current tool with skip patterns and changed some formatting to make it flow better. At the July meeting we will have each Region sit together as we go through the tool and then rate their reliability so that we can see how each review team scores as well as an overall rate for the State. Our hope is that if a Region is lacking reliability in an area then we can focus in to help them with more training. Our hope is to bring them together every 6 months for a “booster shot” and then also put together a website for reviewers that start before the next training is available. We would like this website to be able to have examples for them to score and then it would tell them if they scored the example correctly as well as what areas they needed more help with. We are also in the process of putting together good examples of each of the tools requirements, so that workers and Supervisors know what we are looking for. We have identified that our narratives are not of good quality so we are making recommendations to Training on how to improve that training as well as an in-service for on-</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
						going workers. Other areas of weakness would be the use of geno-grams, training on informal supports and Family Team Meetings.
			5. Identify sites to participate in the first round of the NE CFSR.	3/05	2/05	<p>5th Quarter: Request Extension to 4/05 see 31.5.1</p> <p>6th Quarter: Request revised benchmark.</p> <p>Omaha will always be a site that is reviewed. The other two sites will be in the Central and Western Service Area. These Service Areas will provide their site selection along with their justifications by March 25, 2005</p> <p>ACF Office approved request</p> <p>7th Quarter: The Central Service Area site will be Kearney and the Western Service Area site will be Gering.</p>
			6. Conduct self-assessment in selected sites.	6/05		<p>5th Quarter: New benchmark see 31.5.1</p> <p>6th Quarter: Request revised benchmark.</p> <p>7th Quarter: All sites had their initial meeting with their stakeholder Advisory Teams in May 2005 to discuss the self assessment process and on-site review. All sites have begun the self assessment in June 2005.</p>
			7. Select Cases for review	7/05		<p>5th Quarter: New benchmark see 31.5.1 You probably will want to train the reviewers closer to the actual review.</p> <p>6th Quarter: Request revised benchmark.</p> <p>ACF Office approved request</p>
			8. Operationalize review	7/05		<p>5th Quarter: New benchmark see 31.5.1</p> <p>6th Quarter: Request revised benchmark.</p> <p>ACF Office approved request</p>
			9. Train reviewers on the process and	8/05		5th Quarter: New benchmark see 31.5.1

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
			procedure for review			6th Quarter: Request revised benchmark. ACF Office approved request
31.6. Develop and implement Utilization Management of services to assure that children and families are receiving the appropriate level and intensity needed.	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.6)	1. Analyze the Eastern Service Area's UM system to determine the effectiveness.	07/04	07/04	
			2. Develop consistent statewide UM policy and procedures based on analysis (including roles, responsibilities, timeframes, etc.)	02/05	8/04	5th Quarter: Request extension to 2/05 to allow time to develop the UM policies and procedures. Protocols have been developed for contract monitoring and now the utilization management of services within these contracts needs to be developed. 6th Quarter: 08/2004 A Draft of a Utilization Management process to review youth placed in specified levels of out of home care were developed. This part of the utilization management process was then put on hold to focus on the other piece of Utilization management, which is contract monitoring. Contract Monitoring process and procedures have been identified and will be submitted for approval in April 2005. In April, the tools will all be developed. The staff will be formally identified no later than 05/2005 and trained in June 2005. Communication with Providers will occur in May & June 2005.. We expect to begin implementation July 1, 2005, which coincides with the contract year.
			3. Identify UM staff	03/05	6/05	5th Quarter: Request extension to 3/05 to follow 31.6.2 6th Quarter: Staff for the contract monitoring part of UM will be identified no later than 05-2005. The identification of staff prior to this date is very difficult. The number of staff needed depends on the length of time needed to conduct contract monitoring reviews. Until tools are finalized and

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
						<p>tested we do not know if it will take 1 person 20 hours or 50 hours to conduct a review. Once we can better estimate the average time it takes to conduct a review, we will be able to compare that to the number of contracts and then know how many staff need to be available to conduct contract monitoring.</p> <p>7th Quarter: Resource Development Administrators and select Resource Development staff have been identified and trained. The Emergency Shelter tool will be piloted on June 22 with a provider from the Central Service Area.</p>
			4. Train UM staff. The Office of Protection and Safety will conduct training.	6/05	6/05	<p>5th Quarter: Request extension to 3/05 to follow 31.6.2</p> <p>6th Quarter: Request Extension. The training of staff will occur in June 2005.</p> <p>7th Quarter: Resource Development Administrators and select Resource Development staff have been identified and trained. The Emergency Shelter tool will be piloted on June 22 with a provider from the Central Service Area.</p>
			5. Implement UM statewide	7/05		<p>6th Quarter: Request Extension to 7/05. We plan to implement July 1, 2005 to coincide with the begin date of our contract period. Protection & Safety Management made a decision to put the initial focus of Utilization Management on Contract Monitoring. Nebraska has had no formal process of ensuring that the contracts we had with providers of services to children and families. A team of Resource Development Administrators and Staff have meet monthly since August 2004 to develop this process. The creation of tools to conduct contract monitoring has taken much longer than initially projected. We needed to ensure that all the contract requirements were able to be monitored in some way and if the same requirement crossed over contracts, we are reviewing them in the same fashion.</p>
31.7. Develop and implement External Review Coordination System to assure findings are analyzed and considered for	Terri Farrell	Item 31. Operating an identifiable quality assurance system (31.7)	1. Develop protocol to evaluate external review findings for possible corrective action.	11/04	11/04	<p>5th Quarter: The external findings review protocol requires the QA Administrator to assign external reports/findings to one of the 8 QA Specialists. The Specialist will review and evaluate the findings in a report containing further recommendations to be given to Protection and Safety management. Based upon feedback from management,</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
possible corrective action.						corrective action plans may be developed.
			2. Identify staff responsible for evaluations and facilitation of corrective action plans.	11/04	11/04	5th Quarter: The QA staff are responsible for compiling the external review information and providing management with an evaluation. Management members include the Director of HHS, Deputy Director, Office of Protection and Safety Administrator and Service Area Administrators. Identified corrective action plans will be facilitated by QA.
			3. Train staff responsible for coordination. The Office of Protection and Safety will conduct training.	11/04	11/04	5th Quarter: The external findings review protocol has been shared with QA staff.
			4. Implement External Review Coordination System.	01/05	1/05	5th Quarter: Extension requested to 1/05 when all QA specialists have been hired. Refer to 31.3.4. 6th Quarter: All external review information is now submitted to QA staff for evaluation.
31.8. Develop protocol for use of surveys to improve outcomes and services for children and families.	Terri Farrell	Item 31. Operating an identifiable quality assurance system (31.8)	1. Survey instruments gathered.	06/04	06/04	5th Quarter: Through the PIP renegotiation, we agreed that this action step and the associated benchmarks would not be worked on during this PIP period as the other action steps in Item 33 had more importance to getting Nebraska to the desired outcomes.
			2. Review and analysis completed of gathered surveys.	12/04	11/04	5th Quarter: See 31.8.1
			3. Protocol developed including the use of surveys, the analysis and dissemination of findings, and the development of corrective action for improvement.	06/05	11/04	5th Quarter: See 31.8.1
31.9. Develop and implement Provider Performance Accountability	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.9)	1. Collaborate with providers to analyze performance data currently submitted by providers	7/05		1st Quarter: Request an extension to 12/04. We believe that the year was entered in error. We made a conscious effort to make sure that we dealt with staff performance prior to dealing with provider performance. 7th Quarter: During the renegotiations it was clear that a

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
						system could not be developed by the end of the PIP period and therefore the benchmarks in 31.9 (1-4) have been re-written with the approval of the ACF Office.
			2. Enter into an agreement with the providers to develop a new accountability system taking into account the analysis from 31.9.1	7/05		1st Quarter: Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
			3. Hold initial meeting to develop system	7/05		1st Quarter: Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
			4. Contact the child welfare center on organizational improvement regarding consultation, if needed.	7/05		
31.10. Develop a staff performance accountability system.	Terri Farrell	Item 31. Operating an identifiable quality assurance system (31.10)	1. In collaboration with HHS Human Resources, develop statewide staff performance practice standards.	06/04	07/04	
			2. Communicate with staff the process and expectations of the performance accountability system.	12/04	06/04	
			3. Train supervisors on staff performance accountability. Managers and Human Resources will conduct training.	12/04	06/04	
			4. Develop and implement standardized supervisor oversight process to monitor compliance with performance accountability standards.	12/04	06/04	
			5. Implement staff performance accountability system	12/04	06/04	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Project ed	Date Actual	Progress Report
31.11. Develop and implement a corrective action plan and format.	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.11)	1. Define corrective action plan components including areas of identified practice standards, format, timeframes, etc.	09/03	11/03	.
			2. Implement corrective action plan protocol when the need is identified.	06/04 and ongoing	06/04	5th Quarter: The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly. Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.
31.12. Develop and implement a supervisory oversight system.	Terri Farrell	Item 31. Operating an identifiable quality assurance system (31.12)	1. Define supervisory oversight components including areas of identified practice standards, format, timeframes, etc.	5/04	5/04	
			2. Implement corrective action plan protocol when the need is identified.	12/03 and ongoing	06/04	

Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

Goal: All Protection and Safety staff will be required to obtain 24 hours of training annually that assures professional growth and skills development.

Method of Measuring Improvement: Review of Training Records

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
33.1. Develop and implement a system to track and monitor the ongoing training of staff	Sherri Haber	Item 33. Provides for ongoing training for staff. (33.1)	1. In collaboration with CCFL, develop a tracking system for staff training	10/01	10/01	
			2. Generate reports quarterly that identify training completed by staff.	10/01	10/01	

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Distribute reports to PS supervisors and managers for continued review of individual staff development plans.	10/01	10/01	
33.2. Issue communication to PS staff emphasizing ongoing training requirement, how to access training opportunities, how to track training hours, protocols for approval of training offered outside the scope of the CCFL contract	Sherri Haber	Item 31. Operating an identifiable quality assurance system (33.2)	1. Communication developed and distributed	12/03	01/04	

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Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report

Item 35: Array of services are in place

Goal: Nebraska will increase the array of service in pilot areas of the state.

Action Steps and Benchmarks are included in other items.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report

Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.

Goal: Nebraska will increase the accessibility of services in pilot areas of the state.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
36.1. Partner with the Nebraska Public Health Improvement Initiative to expand health and dental services for state wards	Sherri Haber and Terri Farrell	Item 36. Services accessible in all political jurisdictions. (36.1)	1. Collaborate with NE Public Health to identify areas of the state having difficulty obtaining health and dental services for state wards	06/04	06/04	
			2. Communicate gaps in health and dental services for state wards to local health Departments	12/04	08/04	5th Quarter: The HHS office of Rural Health has an agreement with the University of Nebraska Medical Center's Health Professions Tracking Center to monitor and assure timely information regarding health care provider practice locations and availability. A recent publication on the various state and federal shortage areas are available at the website Health Professional Shortage Areas, Nebraska.
			3. Collaborate with NE Public Health and NE Medicaid to assist with locating and securing health and dental services for state wards statewide.	06/05	08/04	5th Quarter: In August 2004, the Nebraska Rural Health Advisory Commission made the following recommendations to the Governor, Legislature and HHS. To continue the incentive programs for rural health professionals by providing monetary incentives for education in exchange for commitments to practice in a shortage area, to develop integrated systems for the delivery of health care, medical, mental health, substance abuse, dental, etc. Some positive developments is there has been considerable progress made in the recruitment and retention of health professionals- for example the number of communities recruiting family practice physicians declined from 60 to less than 30. Also, the development of certified rural health clinics-there are now 84 clinics and they receive reasonable cost based reimbursement from Medicaid if they are located in an underserved area. Since 1998 the Nebraska Children's Health Insurance Program has enrolled 18,000 uninsured children with the goal of enrolling another 6,000 this year.

Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency

Goal: Nebraska will individualize services to meet the unique needs of children and families served by the agency

Method of Measuring Improvement: Nebraska CFSR

Action Steps and Benchmarks are included in other items.

Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Goal: All foster and adoptive parents shall have a completed and clear FBI check prior to licensure or placement.

Method of Measuring Improvement: N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
43.1. Develop policy that requires all licensed and approved foster parents to be fingerprinted for criminal background checks	Margaret Bitz	Item 43. State complies with criminal background clearances. (43.1)	1. Policy developed by HHSS.	10/02	10/02	
			2. Training developed by HHS Staff.	01/03	01/03	
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	01/03	01/03	
			4. Written policy disseminated through Administrative Memo.	01/03	01/03	
			5. Policy implemented statewide.	01/03	01/03	
43.2. Develop and implement a method for assuring compliance with required criminal background check policy prior licensure or approval.	Margaret Bitz	Item 43. State complies with criminal background clearances. (43.2)	1. Identify methods to assure checks are completed prior to licensure or approval of a home.	4/04	5/04	6th Quarter: Due to other priorities, the N-FOCUS change did not occur and has continued to not be a priority. Until this functionality is added to N-FOCUS, our method of ensuring compliance is to do a read of randomly selected cases.
			2. Implement methods.	11/04	3/05	5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. The NE CFSR will mirror the Federal CFSR and will include case reads and interviews with stakeholders. This process will be phased in beginning with case file reviews culminating in

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>a full scale CFSR in August 2005.</p> <p>6th Quarter: We randomly selected 5% of the licensed and approved homes and will compare those with our list of criminal background checks. The criminal background checks list contains the names of individuals for whom a background check was submitted, completed and paid for. We will continue this method for assuring checks are being completed until such time N-FOCUS includes the functionality of not allowing a license or approval to be issued until information regarding criminal background checks has been completed.</p>
			3. Develop and implement standardized supervisor oversight process to monitor compliance with conducting criminal background checks.	12/04	10/04	<p>5th Quarter: The supervisory oversight process has been defined in the Performance Accountability Plan process. Supervisors are expected to have, at a minimum, a formal monthly face-to-face meeting with each Protection and Safety Worker supervised to review cases assigned to the worker. Supervisors are to review 100% of all cases assigned to each worker supervised during the face-to-face meeting every 60 days.</p>
			4. Establish baseline for measuring compliance with criminal background policy	12/04	Delete.	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Baselines will be established based upon the NE CFSR.</p> <p>6th Quarter: Baselines will be established upon the read occurring in March 2005 in April.</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			5. Establish targeted improvements based on baseline	12/04	Delete	<p>5th Quarter: Request to incorporate this benchmark into 31.5 Develop and implement a NE CFSR. Targeted improvements will be established upon baselines</p> <p>ACF office advised and approved deletion of this benchmark as it would fall outside of the PIP timeline.</p>
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by	02/05 and ongoing	10/04	<p>5th Quarter: The corrective action plan format was developed in June 2004. The Performance Accountability Plan outlines that administrators and supervisors/ supervisors and workers meet monthly.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.			Included during the meeting is discussing barriers to achieving outcomes and if necessary, identify potential actions to remove barriers either individual or systemic.

Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Goal: Nebraska will operate from an identifiable foster and adoptive parent retention and recruitment plan.

Method of Measuring Improvement: Progress of meeting targeted goals identified in benchmarks.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
44.1. Continue to support Nebraska Foster and Adoptive Parent Association mentoring program	Chris Hanus	Item 44. Diligent recruitment of potential foster and adoptive families. (44.5)	1. Renew NFAPA contract to provide financial support for foster family mentors.	07/03	07/03	

Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

Goal: Nebraska will use State and National Adoption exchanges.

Method of Measuring Improvement: N-FOCUS

45. Develop policy regarding inter-jurisdictional adoptions	Margaret Bitz		1. Policy developed by HHSS.	12/03	12/03	6th Quarter: When the PIP was streamlined during the 2 nd quarter, this action step and related benchmarks was inadvertently omitted. Policy regarding inter-jurisdictional adoptions was developed in December 2003.
			2. Train staff by sharing of policy directive through e-mail, policy and program memos, posting to the intranet and supervisory review during individual and/or group staff meetings.	05/05	6/05	7th Quarter: Supervisors will train staff in June 2005.
			3. Documentation of policy changes will occur in each supervisor's supervisory notebooks.	05/05	6/05	7th Quarter: Documentation will be indicated in the supervisor's notebook.
			4. Written policy disseminated through Administrative Memo.	05/05	6/05	7th Quarter: Policy was distributed in June 2005.

		5. Policy implemented statewide.	05/05	6/05	7th Quarter: Policy is effective June 2005.